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UNIVERSITY OF ALBERTA

UNDERSTANDINGS OF HEALTH

BY

PAT NESS ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of

MASTER OF EDUCATION
IN
ADULT AND HIGHER EDUCATION

DEPARTMENT OF ADULT, CAREER, AND TECHNOLOGY EDUCATION

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ABSTRACT

The purpose of this study was to discover what the concept of health means to the participants and to determine how an organization can assist its members to develop and maintain their notion of health.

The participants for this study were drawn from the employees at a post-secondary educational institution. Tape-recorded interviews were transcribed by the researcher, and the transcripts were analyzed for common topics and predominant themes.

Topics identified in the data were described within the framework of five research questions. The participants' concept of health was complex, holistic in nature, and broadly defined as exuberant well-being. Contextual factors which affect health were addressed and included social, work-related, economic, political, and environmental determinants. Activities to promote and/or maintain health were varied with emphasis on exercise, diet, rest, hobbies/leisure pursuits, and social support systems. Discussions about work and health provided information about positive and negative aspects of work. Positive aspects included having a sense of control, being challenged, experiencing harmony at work, identifying leadership qualities, and feeling empowered. Negative aspects were those perceived to produce stress including work overload, unclear communication, disharmony, lack of institutional support, lack of appropriate organizational structures and vision, as well as environmental factors. Participants described initiatives that could be undertaken within the institution to promote health. Facilitating a commonly-shared vision of health, balancing work requirements with employee needs, clarifying the philosophy and role of the Health and Wellness department, providing programs identified by employees, and developing policies supporting wellness were viewed as important.

Imbedded in the data were four themes which provided an overarching conceptual framework from which to view health and health-promoting activities: well-being as a broad definition of health, the concept of balance being a prime contributor to health, the notion of self-efficacy in determining one's health, and the value of caring as a significant determinant of health.

Findings of the study have significance for individual health, organizations and health, health promoters, and further research.

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Chapter One

IDENTIFICATION OF THE PROBLEM

Health promotion, a concept with roots in the public health field, is relatively new. For the last twenty years, there has been a campaign to encourage the maintenance and promotion of health as a way to decrease health care costs. Health promotion was seen as one method of preventing illness in the population. Emphasis has been focused primarily on the individual's responsibility for adopting lifestyle behaviors conducive to preventing the major causes of death such as heart disease. This focus on lifestyle change has met with some success although not to the degree that was anticipated (Epp, 1986; Labonte & Penfold, 1981).

Most workplace programs have been aimed at individual illness prevention activities; however, few seem based on employees' perceptions of what they need to improve their health. There have been few attempts to define the concept of health from the point of view of the participant in the programs. A review of the literature (Labonte & Penfold, 1981; Pender, 1987b; Rosenstock, 1987; Strachtchenko & Jenicek, 1990) indicates that activities which promote health may differ from those that prevent illness. Perhaps this discrepancy exists because of different understandings of the meaning of health and the behaviors contributing to it.

LITERATURE REVIEW

A literature review was conducted to provide background information on the topic of health and assist in developing the research questions. Areas addressed were the concept of health and wellness, contextual factors affecting health, a possible paradigm shift, and the operationalization of health promotion.

The Concept of Health and Wellness

In reviewing definitions of health, two major themes emerged: stability and actualization. Pender (1987b) reviewed these themes as follows:

> Stability-oriented definitions emphasize balance, equilibrium, maintenance of integrity and meeting normative expectations within society (Aubry, 1953; Parsons, 1958). Actualization-oriented definitions emphasize the unfolding of human potential; the integration of mind, body, spirit and environment; and the expansion of consciousness (Dunn, 1975; Hoyman, 1962; Newman, 1979). (p. 9)

Some definitions combined both stability and actualization incorporating the dynamic relationship between achieving one's potential and adapting to the environment (Keller, 1981; Pender, 1982).

In 1983, Smith contributed to the understanding of health by identifying four models of health held by the dominant lay and professional cultures in the United States. In the clinical or medical model, health is viewed as the absence of disease; in the role-performance model, health is acceptable performance of social roles; in the adaptive model, health is flexible adaptation to the environment; and in the fourth model, health is viewed as exuberant well-being. The last model, the eudaemonistic model, has been reiterated in Dunn's (1961) notion of high-level wellness. This has led to some confusion in terminology in that many health promotion proponents view health differently from wellness (Alberta Association of Registered Nurses, 1987; Hardy, 1988; Keller, 1981; Knippel, 1982; Smith, 1985). For example, in 1987, the Alberta Association of Registered Nurses defined wellness as:

> a way of living that involves having purpose and meaning in life and accepting responsibility for one's own circumstances. Wellness is an active process that differs from the achievement of good health, is multidimensional, and exists on a separate continuum from the health-sickness continuum. Wellness can coexist with any state of health or disease. Wellness can primarily be defined subjectively by the individual, while health is often defined objectively by health professionals. (p. 1)

The preceeding definitions of health and wellness evidence difficulty among theorists in conceptualizing and/or operationalizing the notion of health. It would not be surprising that lay people may have varying understandings of health. As well, the definitions of health already described are aimed at the health of individuals. However, the context in which individuals understand and achieve health is also affected by social, environmental, economic, and political factors (Cummings, 1987; Duffy & Pender, 1987; Kelman, 1980; Lalonde, 1974; MacPherson, 1987; Pender, 1987b; Salmon, 1987).

Contextual Factors Affecting Health

In the workplace, organizational factors not usually under the control of the individual can influence health. Organizational stressors such as work overload, the organization of work, unpredictable work flow, and role ambiguity can be linked to job satisfaction and to health. Situations that produce lack of control and lack of social support may produce stress-related disorders (U. S. Department of Health, Education, and Welfare, 1973; Levi, Frankenhaeuser, & Gardell, 1982; Milz, 1986). As well, shift work has been implicated in increased risk for gastrointestinal disorder, cardiovascular illness, sleep-related disorders, and greater smoking and alcohol consumption (Moore-Ede & Richardson, 1985).

Occupational hazards including physical, chemical, biological, and ergonomic stressors can also affect the health of workers. Without management commitment to the health and safety of their workers, formalized health and safety programs, and genuine concern for the workers, organizations may experience high absenteeism, increased rates of accidents and illness, high turnover, and costly workers' compensation claims (Emery, 1985; Griew, 1985; Sloan, 1987, Weinstein, 1985).

Blum (1983) broadened the determinants of health and emphasized the impact of the environment because it can influence other forces such as behavior, heredity, and medical care. Certainly, present concerns with broader environmental issues have raised awareness of long-term health implications for everyone on this planet.

Social factors cannot be ignored in operationalizing the concept of health (Dinning, 1988; Epp, 1987). Health and Welfare Canada (Epp, 1985) states that "Those who report poor health are more likely to be poorer, less well-educated, or unemployed. . . .Even the best health habits cannot always compensate for social and economic disadvantages" (p. 39). This report clearly makes an association between social and economic factors in determining the health status of Canadians. Emphasis has been placed on eliminating inequities in health by strengthening mutual aid and creating healthy environments.

The political economy may also affect one's health. Some writers (McKinlay, 1984; Salmon, 1985) have commented on the notion that the recent push to promote health among United States workers is a "part of an overall strategy to reorganize health care, and turn around the declining worker productivity" (Salmon, 1987, p. 70). Costly medical interventions are a concern to Canadians as well, and a search for more cost-effective interventions may be part of the impetus to focus on promoting individual responsibility for preventing illness. "However, the emphasis in health promotion efforts on changing individual behaviors may ideologically serve to obscure the broader social, occupational and environmental origins of disease" (Salmon, 1987, p. 71).

However, if political and economic issues have a negative impact on health, they can also affect health in a positive manner by creating healthy communities through healthy public policy. Milio (1986) advocates that significant improvements in a population's health cannot be attained through individual, community, or professional endeavors alone. Only with enlightened public policies for social and economic change can larger changes in health status be achieved (Epp, 1986; Hancock, 1989; McKnight, 1978).

A Paradigm Shift

A paradigm is an accepted framework which governs the way in which a science operates (Kuhn, 1962). It functions to provide guidance for the conduct of the science, specifies the limits of inquiry, indicates the appropriate topics of research, and defines the way in which the research is conducted. A look at the evolution of health promotion indicates that a paradigm shift may be occurring which has implications for both research and practice in the field (Sloan, 1987).

In 1974, Health and Welfare Canada (Lalonde, 1974) published a document outlining various perspectives on health and illness. The intent of the discussion document was to present a framework from which to view the health of Canadians. This framework, called the health field concept, focused on four elements: human biology (all aspects of health, both physical and mental, which are developed within the human body as a consequence of the biology, organic, and genetic make-up of the individual); environment (all matters related to health which are external to the human body and over which the individual has little or no control); lifestyle (the decisions by individuals which affect their health and over which they more or less have control); and health care organization (the quantity, quality, arrangement, nature and relationships of people and resources in the provision of health care. It is generally defined as the health care system). Using this framework, Lalonde (1974) analyzed the effect of each of these elements on individual health. One goal of the framework was to elevate the importance of human biology, environment, and lifestyle to a level equal to that of health care organization.

Traditionally, Canadians have equated health care with the formal organization of health care services in this country. The underlying assumption was that all improvements in the health of Canadians have arisen from the field of medicine. "The popular belief equates the level of health with the quality of medicine" (Lalonde, 1974, p.11). Thus, most direct expenditures on health are physician-centered, and the focus is mainly directed at treating existing illness (Terris, 1989).

This critique of the traditional view of health showed that historically, most advances in health have resulted from behavioral and environmental change (Lalonde, 1974; McKnight, 1985). Lalonde concluded that the present health care system is inadequate and that "future improvements in the level of health of Canadians lie mainly in improving the environment, moderating self-imposed risks and adding to our knowledge of human biology" (1974, p. 18).

Following publication of this report, for whatever reason, health promotion proponents focused on lifestyle issues. Government, media, and health professionals began to draw attention to health risks associated with individual lifestyles. The focus on individual responsibility for making healthy decisions led to the belief that health promoters had to convince people to change those behaviors that contributed to their own illness. Because morbidity and mortality data showed that some of the major causes of illness and death were diseases produced by activities seemingly chosen by individuals, individual responsibility for preventing disease became the major thrust for most health promotion programs (Patterson, 1987).

At the same time that Lalonde's document was having an effect on the health promotion effort, the World Health Organization (W.H.O.) proposed a major shift in the provision of health services, a shift away from curative care to preventive care. This was in line with Lalonde's view that the Canadian health care system must move away from the notion of curing illness to caring for all participants in the health care system, some of whom will not be able to achieve a level of cure. Following W.H.O.'s resolution calling for health for all by the year 2000, W.H.O. and the United Nations Children's Fund (UNICEF) co-sponsored a conference to identify means by which health for all could be achieved. Held in Alma-Ata in the Soviet Union, the conference identified the concept of primary health care as the means by which the goal could be achieved (W.H.O.-UNICEF, 1978).

Primary health care is based on five principles: equitable distribution of health services to all populations, maximum individual and community involvement in the planning and operation of health services, services that are preventive and promotive rather than only curative, use of appropriate technology, and the integration of health development with social and economic development. So, by the end of the 1970s, authors of health promotion documents pointed the way to a broader view of health incorporating economic, social, biological, and personal factors. However, to improve health, health promotion programs still focused on lifestyle behavior changes being the responsibility of the individual (O'Donnel & Ainsworth, 1985; Patterson, 1987; Selleck, Sirles, & Newman, 1989; Shea, 1981; Taylor, 1987).

As early as 1976, focusing only on lifestyle behavior change was critiqued (Brown, 1976). In Brown's view, individual health was affected to a great degree by social forces and physical environments. He warned against emphasizing individual responsibility; such emphasis has now become known as blaming the victim (Labonte & Penfold, 1981; Epp, 1987; Marantz, 1990). The 1980s saw a shift away from stressing individual behavior change. A broader focus on the determinants of health was adopted (Alberta Association of Registered Nurses, 1989; Allen, 1987; Anderson & Fox, 1987; Cox, 1987; Emery, 1985; Epp, 1986; Griew, 1985; Labonte, 1989; Labonte & Penfold, 1981; W.H.O. 1984). Parameters such as environmental factors, economic issues, government policies, gender inequality, and occupational hazards are now seen to be equally as important in determining one's health.

If health is determined by more than individual lifestyle, health may be better defined as something more than a goal to be attained. When health is seen as a goal or end itself, healthism may result (Hardy, 1988; W. H. O., 1986). One way to avoid this is to view health as a resource, not an end itself (Epp, 1986). It is

> created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members (W.H.O., Health and Welfare Canada, & Canadian Public Health Association, 1986, p. 2).

Viewing health from this broader perspective has implications for both researchers and practitioners.

Health Promotion

Operationalizing health as a resource affects the definition of health promotion. The *Ottawa Charter for Health Promotion* (W.H.O., Health and Welfare Canada, & Canadian Public Health Association, 1986) defined health promotion as the process of enabling people to increase control over, and to improve their health. An individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Therefore, health promotion is not just the responsibility of the individual, but goes beyond to include healthy public policy, social, economic, and workplace factors (Health and Welfare Canada, 1987). In the charter, the role of health promoters as advocates and enablers is outlined. Epp (1986) exhorted health promoters to deal with reducing inequities, increasing the prevention effort, and enhancing people's capacity to cope. Mechanisms for health promotion include self-care, mutual aid, and the creation of healthy environments. Of six implementation strategies presented by Epp (1986), three provide a central focus: fostering public participation, strengthening community health services, and coordinating healthy public policy. The health promoter, in this context, becomes a facilitator rather than a teller or doer. To assist people to gain control over their health, one must help people to acquire power, be it political, economic, or social. This is much different than the health promoter who focuses on telling people what to do. The emphasis is now on people determining what health means to them, and identifying what they need from others to develop their health.

In the workplace, these factors may also be important in the relationship between health and work. Workplace policies, organizational, economic, social and economic factors, as well as occupational hazards may contribute to the health of employees. A workplace can be viewed as a small community that is capable of responding to health promotion efforts using the framework suggested by Epp (1986). Because most people spend a good portion of their life in the work setting, it would be helpful to determine whether contextual factors in the workplace affect people's health. It is possible that workers who are able to express their definition of health could identify situations or activities at the worksite that could promote or maintain their health.

PROBLEM STATEMENT

The concept of health may have a different meaning for lay people than it does for health professionals and theorists (Tripp-Reimer & Cohen, 1987). The purpose of this study was to discover what the concept of health means to the participants and to determine how an organization can assist its members to develop and maintain their notion of health. The main question to be answered by this study was: What does it mean to be healthy? More specific questions served as a guide to the study development, collection, analysis, and interpretation of the data.

Research Questions

The following questions were addressed by the study:

1. How do participants define health?
2. How do contextual factors affect their health, e.g., environmental, social, political, economic?
3. What activities help participants to achieve or maintain their health?
4. What organizational factors promote or detract from the maintenance of their health?
5. What could the organization do to help participants to maintain and promote their health?

SIGNIFICANCE OF THE STUDY

Many organizations are considering or are already involved in health promotion activities with the hope of decreasing absenteeism, improving the organization's image, reducing turnover, increasing productivity, and generally contributing to the well-being of the employees (LaRosa & Kiefhaber, 1985; O'Donnel, 1987; Taylor, 1987). However, health promotion activities have not achieved the success originally desired (Sloan & Gruman, 1988). As well, what health professionals and organizations consider health may not be congruent with definitions held by employees. The intent of this study was to clarify definitions of health and health promotion from the employees' point of view. The findings will increase knowledge about the role that organizations can play in promoting health. As well, findings should help administrators and health professionals priorize and/or refocus health promotion activities.

The study is of theoretical interest in that it will contribute to what is already known about health and health promotion. Rather than focusing on illness and what contributes to illness, a focus on health and healthy behaviors could identify activities that contribute to health.

ASSUMPTIONS

A major assumption of the study was that activities which promote health may differ from those that prevent illness. A second assumption was that the participants would be able to express their personal meaning of health, identify behaviors that contribute to their health, and would be willing to share their understandings. Finally, there was an assumption that participants could suggest activities that might be undertaken by their employer to aid them in achieving their desired level of health.

DELIMITATIONS AND LIMITATIONS

The study was delimited to the participating employees at one institution. Generalizations to other employees in this or other work settings may not be possible.

A limitation of the study is that it was valid at one point in time only. As well, it may have been limited because of the participants' abilities to express what health means to them and by the interviewer's ability to facilitate the interview process and interpret the findings. In addition, participants in this study were volunteers who were not representative of all employees of the organization and who may have become involved in the study because of strong opinions about the topic.

ETHICAL CONSIDERATIONS

In this study of seven adult volunteers in a community college, a semi-structured interview format was used to address the research questions. The interviews were taped and transcribed by the researcher to aid in understanding and to protect the anonymity and confidentiality of the participants.

Formal letters were sent to the Ethics Committee, Department of Educational Administration, University of Alberta and to the participating institution to obtain permission to proceed with the study.

The participants were provided with information about the study and their rights as participants. Participants always had the option to withdraw from the study.

The data were reported in a manner that eliminated reference to the identity of participants by using pseudonyms. All data were treated in a confidential manner and tapes were destroyed following the study completion.

THESIS ORGANIZATION

Thesis organization is as follows: In Chapter One, the problem is identified through a literature review; in Chapter Two, the study research design is presented; Chapter Three contains the study findings; in Chapter Four, the underlying themes obtained from the data are addressed; Chapter Five consists of the summary, study implications, and researcher reflections.

SUMMARY

Different understandings of the meaning of health may result in health promotion activities which do not necessarily meet the needs of the individual or the organization. A literature review focused on definitions of health; contextual factors that may affect health including social, economic, and political as well as environmental; the changing paradigm in viewing health as a resource rather than a goal; and a discussion of health promotion. The context of the study was presented in terms of health at the workplace questioning how organizations may promote the employees' health. The chapter concluded with the problem statement, research questions, significance of the study, assumptions, delimitations and limitations, and ethical considerations. In Chapter Two, the research design that was used is outlined.

Chapter Two

RESEARCH DESIGN

Historically, research in the field of health promotion has been founded predominately in logical positivism. Study designs based on empirical methodology have produced large numbers of facts and correlationships between illness and specific behaviors. However, some writers (Muhlenkamp, 1987; Pattishall, 1987) criticize these designs as being reductionistic and overly simplistic. At the same time, qualitative methods may have their limitations in terms of an inability to predict or an inability of the participants to relate their knowing. The time required for an in-depth search for meaning may also be a limitation. Finally, researcher bias needs to be explicit (Tripp-Reimer & Cohen, 1987).

The decision to use one or another approach is best determined by examining the research questions. If the topic to be investigated has not had much attention, or if little is known about it, qualitative methods may provide a first step. As well, if a new perspective is desired about an already well-researched topic, qualitative methods are indicated. However, if the research questions focus on prediction, the interpretive paradigm is not appropriate (Tripp-Reimer & Cohen, 1987). A key determinant in deciding what research design to use is found in research questions that ask how individuals experience a situation or how they give meaning to the experiences. Phenomenology, which studies subjective human experiences, is one approach that can be used to describe and understand events and situations as they are lived and experienced by the person. This approach is a reaction to the objectification of human behavior which is prevalent in health promotion literature. Previous discussion on the evolution of health promotion points to a paradigm shift from illness founded in the medical model to health in the eudaemonistic model, that is, a total sense of well-being. Rather than addressing health as the absence of disease, health is seen as a resource. Health appears to be multi-causal, and its study seems to require a more holistic approach (Cox, 1987; Muhlenkamp, 1987). The interpretive paradigm may provide a more appropriate approach to the study of people's understanding of health and to describe what strategies participants perceive that they need (Allen, 1987).

STUDY DESIGN

Systematic inquiry into the perceptions and experiences of others is appropriately conducted within the interpretive paradigm. This study explored how employees experience and understand health. Analysis and interpretation of the data were intended to increase insight into the concept of health and health promoting activities.

Selection of the Site

Because the research questions addressed how an employer might help employees attain their notion of health, it was preferable that participants were from a single organization. I am presently employed at a post-secondary educational institution which has recently implemented a health and wellness program evidencing concern for employee health. As well, a project to discover how senior administration and other employees might achieve collaborative governance has been under way for the last two and one-half years, and this has entailed a great deal of discussion about empowerment issues related to achieving job satisfaction at the worksite. These factors, as well as support in the literature about the relationship between work and well-being, indicated that this institution might be receptive to further study. The timing seemed appropriate to seek permission from the senior administration to invite volunteers to participate in a study which might provide more information about what employees perceived as well-being and how the organization may or may not be affecting their health. Appendix A contains the text requesting permission to proceed.

Selecting the Participants

On advice from administration, I advertised for volunteers through the institution's newspaper. Health Sciences staff were excluded from the advertisement to avoid participants who might be professionally (culturally) and academically biased as experts in the health field. Appendix B contains the substance of the advertisement. As well, a distribution list was provided by administration that allowed access to all managers in the organization. By appealing directly to each manager via a memo, I hoped that the information would be passed on both formally through meetings and postings as well as informally by word-of-mouth. Appendix C includes the memo which was accompanied by the same text as that submitted to the newspaper.

Within the next month I had received ten calls indicating varying degrees of willingness to participate. I advised each caller that I would wait for six weeks to see whether any kind of departmental representation would emerge. It did not. Through a follow-up call with each volunteer at the end of the time-frame, I discovered that one person was away for surgery and another was extremely busy. Unfortunately the name of one volunteer was misplaced through mismanagement on my part, and the error was not discovered until the study was well under way. The final result was that seven volunteers were scheduled for interviews in late April and early May. Appendix D contains the interview schedules. Appointments were made with each participant at a mutually convenient time in a location of their choice. As well, the period of time at the end of April and the beginning of May finds employees winding down a semester with a short break before spring/summer session begins. All participants indicated that appointments were agreeable. It was hoped that grouping the interviews fairly closely together over a two-week period would keep me focused.

Pilot Study

A pilot study of a semi-structured interview was conducted with two colleagues to improve my interviewing skills and provide some idea of what information might be obtained. As well, an assignment completed during a research course at university was reviewed. The assignment was a miniature attempt at conducting taped interviews, transcribing results, and analyzing the data in a fashion required by a thesis. I reviewed my strengths and weaknesses and remembered the time required to complete the process. As a result, I decided to take a copy of the research questions with me during the interviews, provide a formal letter to the participants outlining ethical considerations, and limit each interview to one and one-half to two hours. Appendix E contains a copy of the letter to the participants.

Data Collection

Tape-recorded, loosely-structured interviews using the research questions as a guide were employed to collect data for the study. Interviews began with a discussion of the purpose of the study, the role of the participants, and a description of their rights. Details regarding ethical considerations were addressed: assurance of confidentiality and anonymity through all phases of the study, review and revision of the transcripts with participant input, follow-up discussion if required, validation of topics and general themes, and their right to withdraw from the study at any time.

One interview was conducted with each participant in a location convenient to the participant. They were held in a variety of locations: offices, conference rooms, classrooms. To encourage a relaxed, conversational environment, I did not take a notebook into the room. I felt that the tape-recorder was intimidating enough and that I had the ability to stay focused using active listening skills. Therefore, I relied on the recorded conversations for content. Immediately following the interview, observations were recorded on my computer in a journal format. As well, the journal was used to chronicle the events of the study and provide another data source during the analysis and interpretation phase.

After all of the interviews were completed, the tapes were transcribed using a transcription machine. Initially, technical problems with the transcriber produced many difficulties in hearing the tapes. Mechanical repairs to the transcriber resulted in better audio quality.

A copy of the transcript was given to each participant to check for accuracy. For those participants who provided feedback, corrections were made. Content was validated by reviewing each tape again while reading the corrected transcript.

Data Trustworthiness

Credibility safeguards (Guba and Lincoln, 1982; Owens, 1982) were used to enhance the study's trustworthiness. Peer debriefing, member checks, and triangulation formed the basis of ensuring data trustworthiness.

Peer debriefing was accomplished using colleagues and friends who had just recently completed or were working on their graduate degree as well as engaging in discussions with my advisor. Their active listening allowed me to verbalize ideas, express anxieties, clarify reflections, and obtain emotional support.

Member checks were used to verify accuracy of the interviews in terms of participant intent and typing accuracy by providing each participant with a copy of the transcribed interview. Summaries of identified topics were shared with each participant and telephone discussion clarified content. By rephrasing participants' words, I attempted to ensure accurate interpretation.

Finally, triangulation was used to garner further research credibility. Review of the literature gave direction to the study and was also used to support the data. Attendance at workshops over the last few years both as a presenter and as a participant provided insight into the concept of health, expectations of individuals in relation to health promotion activities, and issues related to work and health. An emerging paradigm shift in the corporate culture of my employing institution has added to personal experiences in defining well-being, provided information on corporate health, forced examination of personal management skills using health as the context, and ultimately created an environment where praxis, a continual cycle of reflection and practice, must occur.

During the interviews themselves, rephrasing and questioning provided additional assurance that I was correctly interpreting the data. Key words and phrases emerged in the initial interviews and were used in subsequent interviews to obtain overlapping data. While transcribing the tapes, analysis seemed to occur spontaneously in some ways as some topics and themes emerged effortlessly. Manually summarizing each transcript clarified topics, and discussing the summaries with participants further supported the data.

Data Analysis

Interviews were transcribed using Word Perfect 5.1 on a personal computer. Content analysis was used to examine the transcripts for answers to the research questions as well as other topics that emerged during the interviews. Each line of each transcript was numbered to facilitate future reference to participant's ideas. Appendix F contains an example of a numbered transcript.

Two methods were used to code the data. Firstly, all of the transcripts were color coded, and the paper sections were separated into topic areas. However, there was a good deal of overlap, and I could see that I might miss participants' views relating to more than one topic. A second method consisted of using the 17 topic areas that had emerged during the first coding as a framework and examining each transcript for related data within that framework. Line numbers were recorded along with brief references to the participant's statements. Appendix G includes a sample of one such summary. Then topics were organized under the research questions to facilitate reporting the findings.

During the analysis phase, topics as I saw them were discussed with each participant. This helped in establishing the trustworthiness of the data. As well, discussions with my advisor clarified direction. Throughout the process of analyzing the data, themes began to emerge and these were noted. These were cross-checked with the data, observational notes, and journal entries.

SUMMARY

A single site was chosen to facilitate this qualitative study. Participants were selected and the interview piloted. Data were collected through tape-recorded, loosely-structured interviews. Trustworthiness was assured through peer debriefing, member checks, and triangulation.

Data analysis focused on content analysis to identify topics and themes. The following chapters contain these findings.

Chapter Three

STUDY FINDINGS

This chapter includes a general description of the participants. Following the description are the study findings organized within the framework of the research questions.

THE PARTICIPANTS

Because of the relatively small size of the institution and the singularity of some of the participant's positions, only a very general description of each person is offered to protect anonymity. As well, their names have been changed.

Amy, who is married with one child, has been working at the college for the last two years in a full-time, contract position which is renewed annually. She has completed her Master's Degree in Education and felt the need to participate in the study to assist a colleague. A conference room near her office provided the environment for interviewing this gracious, soft-spoken lady. Her warmth, caring, and willingness to contribute were evident during all of our encounters.

Betty volunteered because of a particular interest in the topic of the study. She has worked at the college for the last four years in a full-time contract position which is renewed annually. She has completed a Master's Degree in Education and is married with no children. A witty, articulate, friendly individual, Betty provided information to me in a classroom close to her office. It was clear that she had given the study topic a great deal of thought, and she presented her views in a relaxed, friendly, open manner.

Carol has worked for the college for the past 11 years and is qualified with a Master's degree. She holds a continuing, full-time position, is married with no children, and also has a particular interest in the topic of health. Carol came to my office to participate in the interview. Her warm, smiling face soon put me at ease, and she enthusiastically shared her views on the topic.

Doug has worked for the college for the past 10 years in a continuing, full-time position. He is married with children, holds a Master's degree in Education, and has a specific interest in the study topic. We met in Doug's office for the interview where he willingly shared his ideas about health. His lucid account provided clear direction for me, and his gentle, quiet manner enabled me to remain focused throughout.

Evelyn is married with children. She has worked for the college for the past eight years in a continuing, full-time position. She holds a Master's degree, has a special interest in the study topic, and felt the need to support a colleague in research. Her concern about a morality associated with the concept of health motivated her to volunteer. We met in her office where she openly communicated her thoughts and feelings on the topic. Questions were answered thoughtfully, and I immediately felt a connection to her.

Fran is divorced with one child. Her position with the college is a contract position renewed annually. Qualified with a Baccalaureate degree and currently working on a Master's degree, she feels that health should be a first concern of the organization. Fitting me into her very busy schedule, Fran excitedly conveyed her opinions, reflections, and experiences about the topic. There was never a sense of imposition although she appeared to have many projects on the go. Speaking quickly, she enthusiastically participated in the interview, and her comments provided more insight into the topic.

George holds a continuing position with the college with qualifications at the Master's level in Education. He has worked with the college for the past 10 years and regards health as key to success in life. He is married with children. George shared his thoughts, values, and feelings in a clear, reflective manner. It became obvious that the topic was of vital concern to him, and the information shared with me was expressed in a confident, wise manner.

Four of the seven participants hold positions at the college that are outside the faculty contract. This impacts on their vacation, benefits, and salary in a variety of ways. The remainder hold positions that fall under the Faculty Agreement. All of the participants have diverse jobs involving (to varying degrees) teaching, administration, coordination, course planning, marketing, public relations, community involvement, as well as a wide variety of specialized knowledge and skills. None of the participants are specialists in the field of health, although all hold strong opinions on the topic.

As a group, the participants were not representative of the college staff, nor did they represent the female:male ratio within the institution. However, they did reflect a general picture of the staff in that they are middle-aged (from about mid-thirties to mid-fifties); they are all well-educated and articulate in their views; economically, they likely represent a middle-class status with reasonable job security. As the interviewer, I felt blessed by the variety, depth, and clarity of their comments.

TOPICS

The results of the data analysis are discussed as topics identified in the transcript analysis. Because the interviews were structured around the research questions, they provide the framework for the remainder of the chapter.

How Do Participants Define Health?

Some of the participants had been dwelling on the concept of health, and the timing of this study was probably appropriate for them to express their reflections about the topic. Betty stated that she

> became more concerned in the last few years about what health means because when my feet hit the floor in the morning, I have pain. And I've never had that before. So it occurs to me that health is something we can't take for granted. (Chuckle) And it's not like major pain, but it's a shock to have your body not respond the way you are used to. . . . So in the last year I've been quite conscious of trying to develop some habits that assist me in feeling better and maintaining that feeling. . . . So it has become quite personal. And also I have a lot of family members right now who are not in good health.

Definitions of Health

Definitions of health were broad and complex. The participants addressed many components such as physical, mental, and spiritual health to varying degrees. For some, one aspect seemed more important than others.

Doug focused in on the physical aspect of health, although as he spoke, mental health seemed to increase in significance.

> I guess generally when I think of health I tend to think of it more in terms of physical health, the physical side of it, being free from disease and free from injury. That would be

> the first thing that comes to mind in terms of health in that sense. I can certainly see in terms of also mental health. I guess I don't see it too much. I'm sure there are such things as environmental health and that type of thing, but I guess for me, I don't perceive it as an issue as much. I tend to think of it more in terms of a physical and mental kind of construct than anything else for me.

Carol's description of health related to the absence of disease. "Health? Well, I guess it's not being sick. It's the opposite of being sick - feeling good."

While for some, talking about the topic seemed to clarify their thoughts. Fran stated that she did not see health as a holistic thing, but rather two separate parts: physical and mental. However, as she spoke, the two parts seemed to come closer together for her.

> I think of mental health and physical health. So I almost feel like saying, "Do you mean am I mentally healthy or do you mean am I physically healthy?' I really don't see it as a holistic thing. I think that's what everyone is getting at now. But I don't. I see it as two separate things. I think that it's almost that we've been brought up in a - it was a very distinct thing. In other words, if you had a problem, you treated one area only. Where now I see it as much more a - even though when you asked me that, but now in the way that I am internalizing health, it is much more in a holistic way. . . . Yes, my physical health is really important. I'm physically active. It's important to me because of my mental health. (Chuckle)

Other participants expressed a definite relationship between various components which represented their notion of health. Key phrases include energy, enthusiasm, well-being, a sense of freedom, connections with people, friendships, laughing.

> Well, I believe I'm healthy when I have energy, when I can maintain enthusiasm for doing certain things. If I lack that enthusiasm, it's only because probably I've pushed my physical and mental being to the limit. (Amy)

> And for me, health I'd define as - I guess it's a sense of well-being. It's a sense of freedom, of being able to do things. I like to work; I like to play; I like to relax; I like to rest; I like to be active. (George)

> My concept of health, I think, is a more holistic one, one that involves certainly emotional health and spiritual health as well as physical health. . . . I think for me it's really connected to people, with friendships, with laughing. (Evelyn)

Physical health. As a component of health, physical health varied in importance for individuals. For some, it formed the basis of healthy practices; for others, it was a recognized contributor; for others, it was something that should be maintained, even though exercise was not always viewed with affection.

> If I couldn't exercise and get some kind of physical activity, then that would really be injurious to my health. (George)

> [I think I am healthy] probably because I feel that I am physically fit and free from disease, free from pain, free from injury. (Doug)

> My physical health is really important. I'm physically active. . . . I've been physically active in the last, say, twenty years. I've gone through two or three years when I am not doing anything, and you can really tell the

> difference in me. My partner says, "You are a lot happier when you are running." (Fran)
>
> I've never been real wild about exercise. I don't like competitive sports at all or physical contact and contact sports. I don't like balls coming at me. So I haven't really been a star in the Phys. Ed. department. But I, in the last couple of years, have started to spend more time in exercise that suits me - walking. . . . So I'm walking at least five hours a week and doing aerobics twice a week - low bounce, low impact. (Betty)
>
> Now I've done a little bit [of exercise] here and there. I have a little kind of aerobics kind of routine I do at home. I try and do that about three times a week at home for about half an hour. . . . But I find it really difficult, and I know it's just a mind-set. . . . But you know, I understand the benefits because when I do my little workout, and it's just a little workout (it's only half an hour), I feel better. I feel stronger, and yet to make myself do that, it's really, really [hard]. But if I see my friends go. . . and use that [exercise] room, I've had to sort of eat my words a bit. And I've tried it a couple of times. And to me it is kind of (I joke about it) it's the room from hell. (Laughter) (Evelyn)
>
> Oh, exercise, of course. . . take a dog for a walk. (Carol)
>
> And I'm a zero on physical activity. (Chuckle) Now physical exercise - I like walking. I like to walk, but particularly in other countries. (Chuckle) (Amy)

Mental/emotional health. Mental/emotional health appeared to be a vital component to the participants. Having good self-esteem, connections with family and friends, as well as having a sense of belonging and purpose described emotional health.

> So probably part of being healthy is knowing that others think you're all right. . . . We need to know we belong, and

> we have a purpose. That probably summarizes it better than anything: knowing you belong and having a purpose in life. (Amy)

> I find that a really big part of my concept of emotional health is my connections with people; my connection with my husband; my connection with my kids. You know, that's really a solid base that I work from. (Evelyn)

> Well, that's part of health - being able to sleep at night and feel that you are OK as a person. . . . You really have to like yourself to be healthy. . . . Like we're all going to make mistakes, but it's accepting that you will make mistakes and, you know, plotting a different course and liking yourself anyway. (Amy)

Spiritual health. Spiritual health was not always mentioned in the discussions. The two participants who addressed this concept described a connection with a force larger than oneself, a connection with nature, and a communion with God.

> We can't be too far removed from that [nature] I don't think. I'm biased because of my rural roots. But I don't think we can remove ourselves from it. We lose something. I think it's very important. [Living in a large center] we lose that kind of natural respect for nature, and what we are, and where we're from. [Spiritual health, that relationship with nature]. . . these things are just integral, OK. Where one ends and the other-I don't know. . . . We are a creation; we are an organism of organisms. And whether we are body or spirit, we are both. . . . They are woven together. So it is a complex relationship. I think your spirituality deepens as you get older, too. (George)

> Spiritual health - that's sort of harder to define because I'm sort of half in and half out of organized religion. . . . But I think there is certainly a connection to nature that I would have to say is a big part of my spiritual connection. . . . And

> that's sort of my visualization of a really healthy time - community and nature. (Evelyn)

> So today, I woke up early, and I try to pray in the morning. I'm a Christian. And do some meditation. I got up. . . around six o'clock, looked outside, and I just remember earlier this morning. . . it was really beautiful here because you had the sunrise. . . . It [the skyscape] is infinitely variable. . . . And I just looked at that and I thought, I don't know, "This is the new creation. This is the book of Genesis." (George)

How Do Contextual Factors Affect Their Health?

Contextual factors included social, political, economic, and environmental factors. Within each of these categories, sub-topics emerged.

Social Factors

Social factors included the influence of one's upbringing and coping with sources of social stress. As well, guilt was addressed by a number of the participants in relation to well-being.

Stable childhood. All participants described a stable childhood as a significant determinant in developing self-esteem as well as a sense of control and responsibility in their lives. Having roots secured in love appeared crucial in later decision making.

> This will probably sound corny, but my childhood was so stable. . . . I could not have had a more perfect childhood. We didn't have money. We would have been considered lower middle class. . . . But I had a mother and a father who were very constant in their caring, very equal among

the four children (there were four of us), and we were OK. No matter what we did, we were OK in their eyes. So I think they established a fairly basic level of self esteem that said to us, "No matter where you go and what you do, you're an OK person". . . . And I think that is what has carried me, because I actually, as an adult having faced other kinds of difficulties, the husband who left me and just having a baby, would find myself remembering all of a sudden out of the blue, a day when I was a child; the way the sun shone through into the living room, or something at Easter time that my mother would have, some easter eggs and stuff. . . . All these things that were so safe. I didn't have a miserable day as a child. So I think that for me is probably what gives me the strength to be an adult and face the conflicts today. (Amy)

It's all pretty embedded in how you were raised. . . . [I was raised] quite strictly with a lot of care, but also a real respect for who made the rules and who followed them. . . you know, pretty traditional, old-fashioned in terms of the concept of family today. . . . But as I work more and more with our students. . . I'm more and more grateful for the upbringing that I had and the value system, and the chance that I had to create and change my own value system within some guidelines as a young adult. (Betty)

I guess my family provided me a lot of support and encouraged me, never held me back, never put me down, never put roadblocks in front of me that way. (Doug)

I come from a good, strong sort of family although we are sort of spread out around the world. . . . [Speaking about her mother] She just loved us all with a really uncompromising love. . . . It's truly an amazing gift to give a human being - uncompromising, unconditional love. No matter if you are not perfect. . . . So that, I think, puts a whole new meaning on emotional health. (Evelyn)

[Growing up] was wonderful. I still have the same house with my same bedroom. . . . So when I go home, it's very

> much - you know, everyone is the same. . . . [Childhood was] very stable and really, really nice. (Fran)

The depth and significance of early family experiences were emotionally described by George whose voice grew soft and his eyes misty in the telling.

> What I want to say is that I was very fortunate in that I had wonderful models. I had wonderful examples. . . like my two grandfathers [who] lived to a very old age. They were very wise. . . . You know my uncles tell me that I am much like their father. That's an extreme compliment. (Clears throat.) If I have half of the wisdom. . . . It's wisdom; it's experience; it's the love and depth he had. . . . He was an elder; he was a wise man. He was almost of biblical proportions. I know that I'm getting carried away, and it's actually choking me up. It was a great privilege for me to be so close to such a decent human being. . . . And my paternal grandfather was a very decent man as well. Not quite the same personality, but very intelligent, very humble but very bright and really respected. . . . He was a great raconteur, told a lot of stories.

Sources of social stress. Although the family was viewed as a major source of social support, it was also viewed as a source of stress at times. Participants shared their views on coping with family situations that produced conflict for them.

> In terms of my family, sometimes we get into situations that perhaps we can't foresee, what may happen having a second husband and a child from my first marriage, how the normal things occur, which I certainly had not foreseen. And there are times when life is just kind of - you are just trying to find that balance, that harmony. So you are appeasing this person and appeasing another person and

being in the middle. Well, that is somewhat wearing as well. (Amy)

In reference to children:

It's a constant - I don't know what the metaphor is. . . . It's like white water rafting. You are always kind of responding (laughter) to their dynamics. . . windsurfing or something like that. (Evelyn)

I don't have children though. Did I mention that? (Chuckle) See, I think that has a lot to do with it. . . . Well maybe it doesn't. It just seems to me that I have considerably less stress in my life than people who have children. (Betty)

Sometimes I get really frustrated because, you know, you have a family. Well, I have a son, but you have to work here. Always doing it for someone else. (Fran)

With regard to aging parents:

You find yourself in a position of having to do that for your parents where they are the ones making the big decisions and turning to you and saying, "So, do you think that is OK?" It's quite a change in thinking. . . . And they are older, and they are indecisive, and it's so sad. I guess it has been a long time coming for me to see. Also I guess it suggests that there will be an end to the relationship down the road. It's the beginning of the end in a lot of ways. (Betty)

On the other hand, I talk about stress of family and how that impacts on your health. . . . My father retired out to the coast, and this was after he had a stroke, and that was really tough because it really broke my heart not to be there for him, you know. . . . So I was doing two or three trips out there a year. . . but it was awful. So I can really see that sandwich generation business. (Evelyn)

Participants shared their feelings surrounding major events in their lives such as unhealthy relationships, death, divorce, illness, and so on. The impact of these events was significant and was felt to influence their view of the world.

> Because there were days after my husband did leave that I felt more like a widow because there were unhappy times. He had a nervous breakdown. It was a strange kind of situation. And I felt widowed more than anything. There were times when I felt pretty desolate, like we all do at some point. . . . The external influences beyond one's life are going to force us into particular behaviours in terms of certain things that could deter or advance our body to move forward. For me, it was one person; it was a husband who was there one day and gone the next. And actually we were very, very poor, and we couldn't even afford food. I was starving, and he was starving which actually brought his condition on - a chemical imbalance. . . . So I had nothing. . . . You know I had an aunt who said, "You ought to go on welfare and stay home and look after your son" which upset me extremely because I said, "What kind of a model is that for him? What kind of a chain do I start creating - welfare, welfare, welfare?" . . . And I said, "No! I will go to university and really be able to get a job and do something to make it good for him.". . . So the original thought that got me off on that was, yes we can try to do whatever we can personally for ourselves for our health, but there are always going to be external [factors] that just turn your life completely upside down. And then you've got to have the ability, like the song, to get right up and start all over again. (Amy)

> Well, I was in a very bad marriage. It took me a long time to get out, but I got out. It was tough, the toughest thing I ever did. But my health sure is better. . . . I really didn't know where to go for help. . . . I was really, really worried for my life. I told a couple of people that he may do this when he finds out that I am leaving. And I thought, well if somebody knows. And it was really scary, and I did it on

my own. And it was tough to do. . . . So you can change things. But it is tough. And I think the reason that women don't get out of situations like that is money. Because if you don't have any money, then you can't get out. . . . [If I could change anything in my life] I would have gotten out of my rotten marriage earlier. (Chuckle) I think that aged me. (Carol)

The worst experience was when my wife took off on me before I was - so that was a hell of a shock. That was probably the biggest stress I've had in my life up to now. And I didn't cope very well at first. It took me quite a while to get over that. But I guess for me it was time and some friends and family that helped me through. That was most of it. It was not a very nice time. (Doug)

My husband went through [an illness] in 1987. . . . I thought we were going to lose him; I thought he was going to die on me. It was awful. . . . But it was an amazing education. I think that's the way that he felt about it was that illness as an education can lead you into a really profound reevaluation of who you are, and where you are, and what's important, and health! (Evelyn)

Right now my home is not a stressful place. But I had separated two or three years ago. So before then and after the separation, [it was stressful]. . . . Well I think you also have to know some of the hazards to health at times in your life too. I often think of people who don't have any bench mark. . . . When I'm really feeling a sense of loss, I go back to when my mom died. It's that hole. However big your hole is, how deep your hole is, and there's other people whose are far deeper or whatever. And it's all relative because someone can feel the same depth but the experience was their cat or maybe a job. . . . And I think for me, I had real bad burnout with my job in the early seventies, and I stopped talking to people and I didn't go to social events. I didn't know what was wrong with me until I heard of this burnout thing. . . . So again, I feel healthy now because there have been times when I haven't been. I know the difference. (Fran)

> [I was] in an automobile accident with my son. I mean we walked away from it. The car was a write-off. . . . I thought I'll never see my children or my wife again. And I wanted so much to live. And I tell you honestly and sincerely that I wasn't afraid to die, but I wanted so much to see my children and my wife. And there was some kind of a spiritual, heightened experience happened because I seemed to feel that I was going to come through it somehow or other. . . . It was almost as if there was a light or something. I can't explain it. It never happened to me in my life, and there was so much of my life that flashed by. And I had a feeling that there is so much more we can do that - it was just sort of like light and love and that's what really counts. . . . And the things that we worry about. I wanted an acreage, living on an acreage. . . . We were going to build this pretentious house, and all that material stuff. It just evaporated. It didn't mean anything. (George)

Guilt. Feeling guilty was mentioned by a number of participants in relation to health. For some, it was a personal struggle in maintaining balance; for others, it was associated with not meeting perceived societal expectations; for one, it was a feeling that directly interfered with well-being.

> ...the current climate really promotes a sort of active response to health. And that somehow, health and fitness has gotten tied up with a certain morality. You know, that if you get ill or if you don't sort of conform to the concept of fitness, that somehow there is a sort of immoral connection. You are not doing enough. And I really react to that because my concept of health I think is a more holistic one. . . . So this kind of balance sheet, calories, fat, you know, so many minutes of fitness, that sort of stuff, no. . . . I react against that. . . sort of a mechanistic kind of health - what goes in comes out. (Evelyn)

I guess when you are a working mother too, you know, you do wrestle with guilt. And you know, your work demands a lot of you, and to take that extra hour or hour and one-half [for exercise], to me I feel is taking it away from the kids and the family. I know there are lots of people who say you are just rationalizing it, but it's true. . . . Well I should get up early in the morning. But I'm not a morning person. So it's a struggle to find something that fits in with everything else. (Evelyn)

But also in this day and age where the physical activity side is so well publicized, and I don't partake in that because I don't really like it. . . I feel guilty. I think it does make me somewhat -oh- and I haven't mentioned my smoking! How odd! I buried that. . . . I do not believe I'm addicted. (Laughter) [Doesn't smoke at work] but when I go home. . . I light up a cigarette. So I'm really on again, off again as far as it goes. It's a behaviour that is looked down upon so much, and you are considered really lower class in a sense. I mean, the intelligent people don't smoke. Right? So therefore I must not be intelligent. (Amy)

What I should be doing is getting my allergy shots, and I didn't do it this last winter. . . . Well, the shots really help. But you have to go every week. And you don't go one week , and you know - so I got off track. (Carol)

Like I try not to bring work home. I try to be [a mother] when I'm at home. . . . I stayed at home [with my son] for two and one-half years. I found that difficult. . . . I really needed to work. It's not that I don't love my child because I do, but my God, I was so bored. . . . And I don't think that my son suffered for it. Now I know everyone has to deal with that one themselves. (Fran)

There is one thing about this job that would be a downer, something that I haven't been able to control. And I could control it. It is the fact that I could have spent more time with my kids during their high school years. But this thing [at work] was growing; this thing was building; and it was fun. (George)

> But that [religion] is not a significant factor in my life anymore. . . . It takes a long time to get over some of those ideas, and I, in fact, I suggest to you that some of those ideas get in the way of health because if you are so burdened by guilt that you cannot function. (Pause) You really have to like yourself to be healthy. So if you are constantly thinking that you don't measure up or you are not good enough or. . . somebody's watching you all the time, judging what you do. . . . You don't really come out of that with a super positive self-image. (Betty)

Work and Health

Work seemed to have a profound effect on the participants' health. Because of the amount of time spent at work, it appeared to affect one's view of oneself and was perceived to have a great impact on the participants' sense of well-being.

> [Work provides] a sense of purpose, a sense of worth, a sense of accomplishment. I probably derive a great deal of my healthiness in the area of work. I like that. So, without it, I'm in trouble. With it, I take too much. And so it wears me down. But I almost ask for it. (Amy)

> Well that does contribute to my sense of well-being heavily. I really feel recognized for what I do here and feel I do make a contribution. And I really feel that people like me and I'm accepted by the vast majority. So it's pretty hard not to want to come to work. You know, if you are valued for what you do, and not just by the boss, but by the people that are in the projects, they appreciate the contribution you make. (Betty)

> [I had another job years ago] and I was bored stiff. And I think that was very unhealthy. Whereas this job, I'm never, never bored. From year to year, it's always different. . . . So there is a lot of stress in this job, but also I really enjoy it. So I think it balances. (Carol)

> I guess one of the things that I find enjoyable is the ability to work with students and to really feel that you are making a difference in someone else's life. (Doug)

> Right now, this is great because the balance between this job [a project] and teaching is really nice, you know. . . . I like to be in work. When I'm really engaged in something, whether it's a new project in teaching or things here, or working with my colleagues, that's the only thing I've ever done where I can lose myself in it in a sense. I can get into a project, and I realize, "God, three hours have gone by, you know, and I'm still cooking." And I like that. (Evelyn)

> It's a challenge; it's also the rewards. . . . [The students] really did appreciate it. . . . And it's just incredibly rewarding. (Fran)

> I can say candidly, there hasn't been a job in my life that I have enjoyed as much as this one because of its challenge. And things have happened. Like I've been able to see it come from a struggling, small beginning organization. . . . So fortunately, we were able to get things to happen, and get people to buy into the idea and share the dream and become part of that vision and mission and so on. It is honestly satisfying, and we have some excellent people that work as part of this project and are committed to it. (George)

Economic Factors

Economic factors were referred to, some from personal experience and some from other's experiences. Concern for job security was clearly evident. References were made to negative health effects related to financial worries.

> I've been laid off before. . . and I remember the devastation. And that's just what it was because so much of your personal identity and again, the sense of being worthwhile

and doing something that somebody else needs. . . . And last year, I didn't know if I was going to lose my job here, and I'd go to bed at midnight or one. I'd go to bed at the normal time, and I'd wake up at four in the morning. And your mind is just a squirrel cage. What am I going to do? Because if I lose this income, I'm going to lose my house (I have mortgage payments); the economy is so poor; it's not likely I'll be able to find work anywhere else that can be as fulfilling. (Amy)

And I think the reason that women don't get out of situations like that [abusive relationships] is money. . . . Because if you don't have any money, then you can't get out. (Carol)

Well I guess that my job was on the line a while ago. That certainly had an effect on where my family could be financially. That did have an effect on my health for a time. I went through typical physical stress reactions in terms of loss of appetite, sleep concerns, and those kinds of things. So there were issues of financial problems that were raised at the time. I'm sure it affected my health at the time. But you know, in our family at least, I have a wife who has a good job now and a good support network around us with our families, and we would survive. . . . So it wasn't as devastating as I suppose it was for some other people or could have been. But I can certainly see how it can be. (Doug)

You know, we are fine. We are certainly experiencing a kind of middle-class sliding, not getting ahead, and of course with children and so on. . . . But we've also been really poor, you know. . . . Oh Lord, I can remember one morning, we had misplaced twenty dollars, and we had a huge fight about it. I find those books that I kept, and I entered everything like stamps and so on. So that scares me. I'm frightened about the wolf at the door. I haven't had to worry about it for many years, more years than not. . . . Luckily both of us have job security as much as anybody does around here. (Evelyn)

For some participants, economic effects can be tempered by other mediating factors that counter-balance the negative effects of economic strain. Fran relates her experience in a relationship that had financial abundance but with unmet emotional needs. "Before, I was financially secure. . . and I was miserable, terrible, awful, lonely." She compared this with a current relationship in which emotional needs are fulfilled, but finances are a serious concern. "Now I'm in a relationship where money is terrible. . . . But I couldn't be happier. . . . But I guess I'm so content and happy in the relationship, in the relationship with my son, and those kinds of things, that the [lack of] money doesn't do as much damage as I thought at all."

George reflected on how dealing with economic restraint can be controlled to some extent by how we perceive the situation, and by how we deal with the stress.

> I think lack of resources can affect us very directly. I guess where the bind exists or doesn't exist depends on how you perceive that. I think what the key thing - this is the thing that I find with my own recreation, physical activity and hobbies - when I do that, the world doesn't change, but my view of the world changes. And that's what constantly amazes me.

Political Factors

Political factors were seen as intertwined with economic factors that, in a broad sense, contributed to health. Some participants expressed a lack of trust in political decision-making and viewed politicians as uncaring. One participant viewed politics in Canada very positively in relation to other countries. For some, political decisions regarding health were perceived as having minimal impact on their health.

> Well then, it [politics] gets tied back into the economy. I mean I just see the political side as part of the economy. . . . Politics are just such a joke right now, and I don't see any leadership coming forth, you see. And so I can't say I pay that much attention to it because it's hardly worth it until you get something that's got a little more substance. And this is provincially as well as federally. So for me personally, the political side doesn't stress me, doesn't ruin my health except it is those political individuals who are having to make the decision all right. Someone has to make the decision with regard to budget, in education which could mean our jobs, in health which could mean, for example my husband. . . . He's been having this trouble since last October. He's had to wait and wait for the various tests. (Amy)

> My God, if I thought about politics a lot, I'd probably end up in a real depression. . . . And as far as national or provincial politics goes, it's hard to believe that anything positive can happen out of those kinds of things. I do worry about what's going to happen. Not worry so much as I just think that if anything good comes out of this country, it won't be because of the leadership. . . . [The leadership is] not only weak, but self-gratifying. I don't believe that the people at the top really care about the people at the bottom. (Betty)

> [How government decision might affect health] I don't know, but I've never complained. I lived in [other countries], and I got back to Canada and I said, "Oh, who would complain about Mulroney or anything? It's wonderful in this country.". . . I cannot think of another country I

> prefer to live in. . . . And I always think this is a wonderful place...Canada is great. And government, I mean, it is just silly little things we complain about, irrelevant compared to what other people [face in other countries.] [Talking about single parent families headed by women] It is still better in Canada than in other countries. . . . I mean, I bet you in the majority of the countries in the world, those people would be living on the sidewalk. (Carol)

> I probably haven't been touched much by local or national politics to this stage. (Doug)

For some participants, there was a sense that the political arena was not under individual control. For individuals to affect political decisions, they must become very involved, at least at a community level, and this was viewed as a stage in personal growth and maturation not always attainable.

> But I feel that there is no control. I know it because I worked very closely with [government] ministers and what not at one point. . . . There were so many things that they are juggling and primarily their popularity. . . but there is a lot of money that's not used properly because of these other aspects. But we're not going to change that, and I slowly, although I fought it for a long time, slowly came to that realization. (Amy)

> One of the things that we studied has these different levels of maturation as one grew older. And I remember as you got a bit higher, you reached beyond your own into the community and perhaps into the larger in terms of the country. To tell you the truth, even in this age, I haven't really achieved that yet. . . . Before I was so concerned, well I simply had to keep food on the table, and I was basically at the survival stage. (Amy)

> You've either got to move [geographically], and what's to say the politics in any other place will be better; or you've got to get involved and change it. And I'm not at that stage. (Betty)

When discussing political factors within the institutional setting, some participants used the word politics in the context of manipulating, scheming, calculating. However, at the institutional level, participants seemed to feel more of a sense of control.

> And even within this college, there is certainly a set of politics at work, and it's going to be everywhere. . . . You don't have to be part of it, but to be aware of. . . what is going on to prepare yourself, I suppose, for some decisions that are just very likely to come down the pipe. (Amy)

> I hate political things. I never catch on. I never twig. I guess I'm just naive. I think that people are just going to do their job as best they can. And I hate politics, and I just stay out of it as best I can. . . . There are people who will always find a political side to anything or will disagree or whatever...[By political, I mean] back-stabbing, you know, the gossip. (Carol)

> I guess in this institution, I guess in decision-making, there are some, I don't know if it is political, I guess there are some power struggles and territorial struggles that go on. And they will have effects on people. I have been pretty fortunate most of the time. (Doug)

> I feel that it's a bit of a double-edged sword because, you know, if you wanted to get really involved in decision-making around here, you could. [However,] you have to [have a time commitment] and it can produce a cynicism too. (Evelyn)

The health-care system. A number of participants referred to the health-care system and recounted experiences with hospitals and with the medical profession.

George's experience related to the recent, sudden death of his 47 year-old brother. He expressed concern that the information given to him was not complete or was inaccurate, and that medical competence was questionable.

> He died before their eyes. . . . And I won't comment on the medical profession that buries its mistakes and so on. I guess I did just comment. . . . But they should honestly look at these things and try to prevent them from happening to others in the future. We should learn from our mistakes, not ignore them and not deny them. . . . It's time to change.

Amy suggested a lack of holistic care available in our system. She compared this with a documentary about a third-world country where the medicine man's treatment of illness focused on treating the mind. She felt we could learn from other societies.

> Whereas in our society, we just focus so much on the physical, and I know we talk about holistic health care, and we talk about treating the whole person, and probably we've made some advances in that regard, but I don't think we are still able to really do that. . . . But we cannot just take the physical and separate it. . . . So I thought we should join forces with the medicine man in Papua, New Guinea and surgeons here. . . some kind of integration.

Betty suggested that health care dollars could be available if managed differently. She referred to the number of new hospitals built in this province which now have insufficient staff to provide services. "So, you know, they think buildings are going to solve health problems. They don't have a real proactive stance here toward individuals taking responsibility for their health. They concentrate more on the system and making sure the doctors are happy." In addition, Betty addressed the lack of options for caring for our aging population which would allow people to live as independently as possible or allow them to die with dignity in a place of their choice.

> I think people should really investigate more alternatives when looking at health recovery opportunities or methods. And sometimes the people are not going to get well. (Betty)

At the same time, some participants favourably commented on some doctors who seem to be using a more holistic, caring approach. Evelyn had recently experienced a serious illness in her family and was thankful for her family doctor's approach which included a variety of treatment modalities beyond just medication.

> We have a really nice, good, family doctor. He has also educated himself about acupuncture and about naturopathy. And so, he was great because he was able to come and give the Demerol and the morphine, but he also put him on megavitamins right away and acupuncture. And I've often thought. . . it's no coincidence to either of us that it [his recovery] coincided with the acupuncture, meditation, and stuff like that.

Carol described positive experiences with doctors reflecting a desire for personalized care using approaches other than medication.

> Well, I've got a pretty good doctor. I mean she is into doing things other than drugs. . . . So I like her because she uses good, practical things. . . [and] she calls you at home with the results, good or bad.

However, that has not always been her experience. She expressed concern over some doctors' depersonalized approach as well as the lack of time that physicians are able to or willing to spend addressing emotional problems.

> Well, I go to this dermatologist, but he makes me so mad. . . . He talks only to the medical student. . . . And he never looks at you. And he talks about you. And you ask a question, and he ignores you. Oh, he is terrible, terrible. . . . But to me that is sort of typical. I had surgery on my foot last summer. And that surgeon was the same way. You asked him a question, and he left the room.

> Well, most doctors you wouldn't want to [talk to about marital problems] either. "When are you leaving? My next patient is coming in." You have five minutes. They don't listen.

Amy related experiences in the hospital where nurses did not address her emotional needs. Her reflections attempted to define holistic care.

> If nurses are expected to do all these extra things, how in the world can they be a human being and be that care giver? Maybe it's bedside manner. Maybe that's what we're talking about, and maybe they called it that for a long time before they said holistic care.

Environmental Factors

Environmental factors were addressed by all participants to some degree. For some, these factors had a major impact on their health; for others, impact was minimal.

Air quality. A major concern of many participants was exposure to second-hand smoke. Because of discomfort and allergies, smoke-filled environments produced many physical responses that seriously interfered with their health.

> And if possible I avoid smoking environments whenever I can. You know I did participate in the social. . . tournament thing the other night. . . . And actually it was the first time in my life it [smoking] got in my way of having a good time. (Betty)

> [Refers to the relatively new smoking policy in the institution.] So it is better now. . . . It really concerns me. Maybe I'm extra sensitive, and I'm really sensitive to the air because I get asthma and allergies. (Carol)

> I try to avoid places where there are people smoking. . . . Maybe it's partly mental, but I have less tolerance for it, increasingly less tolerance. . . . It bothers my eyes;. . . my hair seems to hurt. It's filthy; it's a foul habit. And we have to do something to change that because it's so--paying money to poison themselves and others . . . I would say if I had to work in a smoking environment, I would probably leave. (George)

Air quality was also addressed in relation to the community. George had experienced a community-related toxic exposure and expressed concerns regarding reliability of study findings related to the incident.

> I just have to tell you my honest impressions. I think that it was white-washed. We have to involve people and let people know. (George)

George also reflected on the apparent pollution in Edmonton.

> I don't spend a lot of time really thinking about that, but as you ask the question, I think [about Edmonton], I can detect a different smell in the air. And I think that it is exhaust. You think about the lead content that is in the air. . . . As we become more urbanized, will that have an effect? I think it is bound to. Because I think that stuff is in the air, and we have to breathe, and you swallow that.

Work-related exposures to atmospheric contaminants were addressed. Some participants had worked in other settings where that was a real concern. George related previous experiences: "I think in new construction, I've experienced that a few times such as the solvents, using paint, glues, etc., materials that have a lot of synthetics."

In relation to the institution, there were mixed feelings, some depending on the building in which participants worked.

> [This building] is a sick building. I spend three hours there, and my eyes are stinging and I've got a headache, and I feel nauseated. Five minutes out of the place in my car, and I'm feeling fantastic. . . . [Referring to another building] And so I'm allergic to mold and oh, I was so glad to get out of that building. But it is really sick where we are now. So how do we know that the new building is going to be healthy at all. How I would love to open a window. So I have an electronic

> air cleaner in my office and a humidifier. . . . So that really concerns me, the indoor environment. (Carol)

> How can students study? I mean in the classroom it is terrible. . . . I have students sitting there who are keen and eager, and they are nodding off. . . . There is just no oxygen in there. (Carol)

> I know that people talk about this as a sick building, but, you know, I don't get headaches. . . . I wear contacts, and I do notice the air is dry sometimes. . . . But I do know that people do talk about suffering from irritations, skin irritations and headaches, and they are convinced it is the building. (Evelyn)

Participants discussed other physical factors such as temperature control. Betty stated:

> Well, I don't think that the building is good for my health. There's no climate control in my office. It's either hot or cold depending on if it's hot or cold outside. But I've decided that there is nothing they can do about it.

Carol reinforced the same concern about lack of temperature control.

> I don't have any heating in my office. I have a little portable that I use in the winter because I've never felt heat out of my radiators ever. . . . So there is no fresh air; there is no heat; it is primitive.

Doug expressed general concerns about "clean air and clean water and appropriate environments", but felt that he had been able to avoid negative situations. "But to this point, it hasn't been a major concern of mine." Amy concurred. "I really don't feel that concerned." As well, Fran did not express concern about the physical environment at work. "It's fine."

Other factors related to the environment. The physical layout of the buildings was seen as a deterrent in fostering positive staff relationships. Evelyn commented on the building in which she works and compared it to a previous workplace where she made many friends and knew her co-workers well. "It's not a friendly building. . . . I'm looking forward to the move to the new campus for that reason."

Fran related what she felt was a new source of stress for her. She has never experienced sexual harassment or physical threat from another person, however, she has had a few recent incidents working alone at noon, in the evening, and on the weekends that have produced physical fear. This was a new experience for her and one, she felt, that was very shocking.

> It's coming out in every way. . . this violence against women. . . . So I think from a person who hasn't been abused in any way [who] is now feeling significant fear, something is going on. So I guess in the environment, I fear men sometimes. I feel [that] when I'm working late at night here. . . . And you realize that not until you are in the grave will you be safe from that kind of thing. It's terrible, and it's taken me all these years of gathering all this data to come up with that terrible statement. But that's reality.

What Activities Help Participants To Achieve or Maintain Health?

Answers to this research question addressed a wide variety of activities which helped participants to achieve and maintain their notion of health. In most cases, the activities were undertaken both for the pleasure gained and as a mechanism for coping with stress.

Exercise

Physical exercise was perceived by most to be of great value both for the enjoyment of the activity itself and as way to promote and maintain health. There was a strong connection between exercising and coping with stress.

> I have a walking buddy who lives in my neighborhood, and we are quite committed. . . . And I've also started to take physical vacations like bicycling trips or hiking trips. (Amy)

> For me, generally it is exercise, a lot of different exercise. (Doug)

> I'm physically active. It's important to me because of my mental health. When I'm really stressed, there is nothing like - I like to run. . . . So I'm really active that way. And the reason I do is to take care of the stress. If I'm very upset about the stress, I go and I pound the pavement. And there's no way I can stay mad when I'm running. It's impossible. And I feel really good about myself when I'm in physical health. And why I do is I think it's the only thing I'm doing for me. (Fran)

> I'm not a serious runner. . . I just do it for personal joy and personal satisfaction. Physically and mentally, to me, it's

> rejuvenating for me. . . . I'm physical. I just know my own body and my own experience. For me to go golfing or to walk or to skate or to ski or to swim or to do these things, they give me a sense of relaxation, of well-being, of - I'm energetic; I'm alert; I rest better; I sleep better; I enjoy food better. . . . It's funny, the more energy you expend, the more you seem to have. (George)

Diet

Participants mentioned diet as a way to maintain their health, but the majority did not go into great detail. George offered more information on diet stressing its importance to him and the changes in his diet that have evolved over the past few years.

> Over the last number of years, my diet has definitely shifted. I eat much less; I tend to eat vegetables, fish, fruit, different kinds of breads (I don't eat an awful lot of bread), cereals, and things like that. For me, that's a change in my life. . . . I'm kind of amazed at how little I eat.

Amy discussed diet in terms of a chronic disease she deals with. It is very important to her health, but she is not sure that her diet would be so controlled if she didn't have the disease.

> If I wasn't [dealing with this disease], I'm not sure how I would eat. I eat all the time: I have vegetables; I have my protein; I have my starch; I have my fruits and vegetables sort of thing. So, in terms of that, I know what I do as far as the physical side [goes] is fine.

None of the participants expressed a need for weight control as they did not feel this was a problem for them.

Rest

Rest was mentioned a number of times as contributing to health. Knowing one's limits and energy cycle helped participants to maintain the proper amount of sleep. There was concern by some that this was difficult to achieve at times because of other demands from family and work.

> I'm a morning person. . . and I feel very energetic and ready to go at 5 o'clock [a.m.]. Now I'll have a slow down from two until five this afternoon. . . . If I can cat-nap, I can stay at a very high level. (George)

> For me, one [health promoting activity] is to pace myself and pace the various activities. I tend to try to take on more than I ought to. . . . I take on too many [activities], and it's that one too many each time that tells me I'm overboard. . . . But I definitely experience not only physical but a decided mental fatigue. (Amy)

Hobbies/Leisure Activities

Having other interests outside work was perceived to be very important in maintaining health. Activities included raising animals, playing musical instruments, taking courses, travelling, reading, painting, physical vacations, and participating in community activities.

> I derive a lot of pleasure and very good feelings if I'm learning something and would be happy to stop at that. . . . I think it is fun to explore ideas and talk to people. . . . If TV is on, it's usually a nature show. . . . I love fashion magazines. That is my other real release. . . . I read a novel if I'm not working. . . . If I won the lottery, I think I would travel, and I would take some courses. [When you finish

university] you take on volunteer projects. I've done that recently. (Amy)

So I try and control to some extent the hours that I work, and this winter I've tried quite hard not to take work home. . . . Like work does give me satisfaction, but there is also a lot of other pieces to life that need to be addressed. So developing that balance between work and connecting with family, connecting with friends, time for exercise, and also just time down, like thinking time. . . . And time for the community. . . . I find myself getting more involved in the community now. (Betty)

Good hobbies. I've got a hobby. The reason I work is to support my hobby. . . . I think a really good interest in things other than your work maybe. I think everybody should have their passion and interest in something else. . . . Watch a good movie on TV, that's a good thing too, you know - read a good book. (Carol)

I also look for. . . types of activities outside of my job. I volunteer in organizations where I can also use those skills. Provincial. . . associations, national. . . bodies, that type of thing related to my job allows me some other avenue to explore. . . . It's just another way to push myself, to challenge myself a little bit further, to try to have maybe a little bigger impact on a bigger scale. You know, do something beyond my job. It allows me probably a little more growth in some ways. . . . I guess one of the things I value quite a bit is my leisure time. (Doug)

With the hobbies I have, I can get into other activities that re-create me, that refresh me, that regenerate me, and I just have to keep making time to do that. . . . For instance, in the last year or so, I've gotten after a new musical instrument. . . . And I've learned to do things with my hands that I never did with my hands before. . . . I try to have some other hobbies. . . . I have dabbled in drawing in water colours. (George)

Social Support

A major focus of participants' discussion centered around social support systems: immediate family, extended family, friends, and support groups. The message was that support in terms of love and friendship is vital to promoting/maintaining health and a major method of coping with stress.

> So part of being healthy is knowing that others think you are all right. . . . I absolutely love family dinners! Because there are four kids, and we're all married. . . . So now we are a larger group. And I think I have something very nice there, and again with the kind of parents that I have, my mother maintains much of that. . . I find that a very healthy and wonderful experience. . . . Certainly [my son] too. . . . He's carried me through some pretty tough days. (Amy)

> I have enormous telephone bills. (Chuckle) But that's part of what is important to me - maintaining that contact with my family. . . . My husband is very optimistic. He has a very different view of the world than I have. He is, I think, partly from upbringing, and partly just because of his disposition, very sunny about things. . . . And that's really helped me to develop a different orientation toward life's events. (Betty)

> I don't have a lot of family. My husband [is a replacement for that.]. . . I've got a lot of friends in Edmonton, good girl friends, a lot of networking. I guess that probably replaces my family. (Carol)

> I think my family support, that type of environment, helps my mental health. . . . It's the love of my wife and children and parents and friends. (Doug)

I think for me, it is really connected to people, with friendships, with laughing. With my friendships, I do a lot of laughing. Laughing to me is really a healthy thing to do. . . . I'm thinking more of my women friends more particularly, but with all of my circles of friends, it's a sort of laughing at the human condition kind of thing, and a taking time for those friendships. You know, I belong to a group of women; there are about nine or ten of us, and we've been meeting for about eleven years now. We call ourselves the Book Club, but that's just an excuse to get together. . . . I find that is really a big part of my concept of emotional health is my connections with people, my connections with my husband, my connections with my kids. You know that is really a solid base that I work from. . . . [Family is geographically distant] I think we've had to create our own family, our own extended family, and that's been through friends. And I don't know, maybe those are stronger friendships as a result of that, you know. . . . I think that is one of the really nice perks about getting older is the way that friendships change and last. So I would say that really, in terms of health, probably that is one of the major factors for me is really a feeling of connectedness with a lot of people. (Evelyn)

I don't have family out here. . . . We have a group of - I met new mums you know when I had the baby. . . . Now that group I still see. And a sub-group of that, we share every Easter and every Christmas, and every Thanksgiving - kind of circulate. . . . Although I do miss having family because of times when I'm really stuck. . . . And I really feel then those are the times when you really go to family. So I don't have that. But I do have friends that I can go to. I also like the people I work with a lot. (Fran)

But my friends are important, and family is important to me, I think. That support is really valuable. . . . Friends, you know, we don't have a great deal of friends, but we have very good friends. (George)

As well, other health-promoting activities were valued because they too had a social support aspect. Exercise was a case in point.

> I have a walking buddy who lives in my neighborhood, and we are quite committed and, although we question our commitment at times, we walk in the river valley and all over the place. As a result, I think that process of walking and sharing ideas and troubles and thoughts with this person contributes to my health as much as the physical exercise. (Betty)

> And the running, I don't go alone. It's a very social thing. Or I go to the gym with someone, and we go on the bike. No, I can't do any of that alone. It's too boring. (Fran)

What Organizational Factors Promote or Detract From the Maintenance of Their Health?

Discussions about work centered on positive aspects - those that encouraged job satisfaction and a feeling of well-being, as well as negative aspects - those perceived to produce stress. In general, participants were satisfied with their jobs.

Positive Aspects of Work

They identified aspects that were important to them: having a sense of control, being challenged, having harmonious working relations, perceiving quality leadership in the institution.

Having a sense of control. An often mentioned characteristic, having a sense of control, was very important to participants. In some ways, this was related to a sense of freedom in decision-making and independence as well as a sense of support from the institution.

> I've never had that much control before in a job...It's really important. That's that Maslow's thing - the top level. I think I have that because I can do so much on my own. I can change things; I'm always challenged; I'm always growing which is probably why I've stayed here eleven years. (Carol)

> Well for me, the things that I like are the abilities to have a lot of control over things; to be able to make decisions; to have a lot of freedom in the way I want to do things. (Doug)

> I do [have a good sense of control]. I like the feeling that if I need to leave early, I can leave early because I work many nights at home, and I never feel like people are keeping tabs on it. (Evelyn)

George compared his present job to a previous one which he found very stressful. He seemed to relate a sense of control with power.

> I have a certain amount of control within parameters. Certainly comparing that situation [a previous job] to where I am now, I have much more control. And I think you have to be fair about that. I don't want to abuse that situation. I don't want to be dictatorial. I think you have to have a balance. (George)

Amy recalled a previous job in which she had little sense of control and experienced ill health. "They just lost me. I stopped being excited. I stopped contributing the new things and being happy about it. . . . And yes, that did affect my health. I started getting chest pains, severe chest pain, getting quite ill. And I immediately started looking for other work, and I got out."

Being challenged. Participants appreciated a job that was challenging, not boring and repetitive. Being able to learn from the job as well as create or be involved in new projects were important aspects.

> I guess the. . . thing about this job is that there are many, many facets to it. . . . I'm a person who likes challenge. . . . I can say very candidly, there hasn't been a job in my life that I have enjoyed as much as this one because of its challenge. . . . And I enjoy that kind of parry and thrust of "Should we, or shouldn't we?" Like the developing thing - that creating things is what I get a jolt out of. I really enjoy that. That's really exciting to me. (George)

> In terms of my job, there is almost a technician side to it which I resent. Because there is a lot more to it than being a technician. . . . But I said, "Look I need to do more than just a technician. I want to research that and contribute to something else on a committee or do whatever. And I must grow." And If I'm not allowed to do that, I'm probably gone. (Amy)

> I have learned so much from the involvement that I've had in the programs here. It's really been a great opportunity to question what I believe in and reaffirm some of it, throw out some of it, and develop some new operating mechanisms. (Betty)

> This job, I'm never, never, bored. From year to year, it's always different. . . . Well, I'm learning all the new things that are happening in my field, I have to keep up with them in order to teach them. (Carol)

> My style tends to be one of someone who likes to think of ideas and implement them rather than carry out day-to-day routines. . . . I like those types of situations. (Doug)

> Right now, this is great because the balance between this job and teaching is really nice. . . . [In the past] we've had to create our own thing. I mean either by, you know, getting involved in our self-initiated projects or doing other things. And so, right now I would say this is great. (Evelyn)

> I find it challenging to overcome these [stressful factors at work] because I know about them. [However], I don't like surprises. . . . It's a challenge; it's also the rewards [from the students]. (Fran)

Harmony at work. Relationships at work were discussed as being significant contributors to well-being. An air of respect, valuing, and support were seen as indicators of a harmonious workplace.

> I could not have good working days if I worked for people who were highly, highly critical and negative all the time. I couldn't do it. . . . I have to have that harmony. . . . So there is certainly harmony in terms of personality, and there is certainly support of one another. (Amy)

> I really feel recognized for what I do here. . . . You know, if you are valued for what you do, and not just by the boss, but by the people that are in the projects, they appreciate the contribution you make. . . . I certainly wouldn't want instructors to be treating their students differently than I'm treating them or than I'm being treated. There has to be a lot of consistency on the value placed on people and also respect for people's capabilities. (Betty)

> [The institution] by and large has been good for giving room personally. And I really appreciate that. That's the reason I have stayed as long as I have. . . . So you know, the institution has given me a lot of space. And I value that. And I feel, on balance, a pretty high degree of loyalty to the institution. And you know, my friends are here; a lot of my friends are here which makes a difference. I have a tremendous respect for colleagues. That's the lovely thing about this job is seeing the energetic and interesting things

> people are doing in spite of all the doom and gloom. (Evelyn)

> [I am very busy] so if I don't have friends at work, forget it because this is where I spend most of my time. So I have some good friends that I work with here. (Fran)

> There are very good people working here. I really sense that they are loyal, and they go beyond the call of duty, you know, and I recognize that. And I tell them that. And we try to do things. Like some personal things. We have get-togethers and stuff like that. (George)

Leadership. Leadership qualities were addressed by a number of the participants who felt that competent leadership was essential to well-being at work.

> I have to work for somebody who really likes what they are doing. I have to be able to respect them and see that they are leaders, and that they are darn good at what they are doing. So I think, in terms of looking at an organization, you want to look at your leadership and the people that you work with. You must respect them. . . . [At a workshop, the participants] said the responsibility of a good manager was to monitor the well-being of their staff. (Amy)

> I've got a great boss. . . . I've never had a job where I've had this little interference in what I do. (Carol)

> Someone in the job [who] is secure enough themselves that they can let you go, and they can let go of things. Because they don't have to have that. They've made their mark. They know they are good at what they do. And then the others do not become a threat. (Amy)

Empowerment. In speaking about leadership, the topic of empowerment was discussed. With the implementation of collaborative governance principles throughout the institution over the last few years, this topic emerged frequently in discussion. Empowerment was viewed with mixed feelings, generally because there was a perception that senior administration were not practising the principles and that various institutional policies were diametrically opposed to the tenets of collaborative governance. For some, there was a lack of trust that administration were really working for employees' best interests.

> I think with the empowerment stuff, there have been efforts. I don't know how far it is going. Because we deal with so many people and so many personalities that some people who are secure in themselves will give a lot of freedom and a lot of opportunity for growth to people who work with them. People who perhaps don't have that kind of feeling or because of whatever kind of personality they are, want to hang onto everything themselves, and they don't allow that freedom and will not share information. So I really don't know how to do that. I think, again there has been some overall recognition that this would be nice and good and apple pie. But how successful it will be, I don't know. (Amy)

> We had a meeting this morning with the staff where we were discussing this collaborative governance. How, in fact, do we empower ourselves? And one of the questions was, "Does your work provide intrinsic value for you?" or some such question. And we had a chat first of all about what intrinsic value meant, and then said, "Well, we don't do it for the money, and we don't do it for the prestige because everyone who works with [our students] is seen to be a little nuts. So, we don't do it for social acceptance. So, why do we do it? Well, we think we make a difference." So that is pretty basic to value systems, you know. Either you think you make a difference or you don't. . . . We are demonstrating leadership in this area [empowerment], but

in fact, when the empowerment workshop tour de force ran around, they did not ask for expertise from this area to participate in delivering workshops. . . . But I'll be interested to see, quite frankly, what they [senior administration] do with the collaborative governance model. Because if I don't see some practices happening at higher levels, it's going to be very difficult for me to care. Like why should we run around chasing our tails when everything was working well here. (Betty)

[Has the empowerment project had any effect?] I don't think so at all. Because you know. . . . right in the middle of all this empowerment discussion comes this (laughter) medieval word [refers to a memo prescribing faculty overload above and beyond contractual guidelines.] (Carol)

The college trying to develop empowered individuals and quality management and all these nice terms is in some ways a real dichotomy of focuses. We're trying to say we are going to do all these great things. But yet, one minute we are patting people on the back and the next minute, we are taking money, staffing, and resources away from them but yet still requiring more and more services with less resources. And that is not a good situation. (Doug)

The institution expects more of us now. We are working harder. We are doing more committee work. We are implementing all this task force on college governance. It is time-consuming. . . and [some people in top management] like to control. And I'm not willing to take on all the blame for things, you know. (Evelyn)

When they talk about empowerment, they think it is wonderful. [Discusses a situation where she felt input should have been asked for and wasn't.] But maybe now we'll complain more. . . . I think that the grumbling, if you are going to raise it [empowerment], it won't go away. Because I think that empowerment is so uplifting, so wonderful, but then like you say, when they don't do it, you think, "Excuse me! There is an error here." (Laughter) (Fran)

> I think some of that stuff is already happening [here] because of our much smaller size. (George)

> [Becoming involved in decision-making] around here. . . can produce a cynicism too, you know. I've seen it happen in myself and with my colleagues. You think, "What's the point sort of thing?" On the other hand, I guess I feel that the option is there. I wish that I trusted the people who made the decisions more than I do. I mean I don't like working from an us and them sort of scenario. I don't think in those terms. I mean, it's their college too, the administrators and the deans and so on. But I think ideally, I would like to, as a teacher, just do my job without [checking up on them] and trust that they are doing their job in my best interests, you know. Lately, I think we've been having this thing where we kind of have to check up and make sure. It's like when you hire a lawyer, the naive among us think that the lawyer is going to do it all for us, and those who know better know that you have to kind of follow them every step. (Evelyn)

Factors Producing Stress Within the Organization

When the factors described above were lacking, participants perceived stressful situations. Particular aspects that were addressed included: work overload, unclear communication, disharmony, lack of institutional support, lack of leadership and a shared vision, and environmental factors.

Work overload. Work overload was an often discussed source of stress in this institution. Along with the feeling of being required to work too hard or too much was a perceived inequity among staff in relation to work load. As well, participants felt it was important for supervisors to model a realistic workload for the rest of the staff.

> Again some recognition that we have less money, but I guess we had better not burn out the people we do have. We haven't thought about that yet, I don't think. . . . You can't do more with less. You can't. You've got to sacrifice something. I don't think this organization is quite there. (Amy)

> You know, to me health and wellness in the institution is a frill as long as people are expected to work 80-hour weeks. . . . You know, you are sending people two different messages. If you are overloading and overworking employees, and then saying, "But we are providing health and wellness," I think you don't know what health and wellness is about. . . . Well, I think I'm happier, feeling better about myself now that I consciously manage how much I work. That's a big one for me. And also not to make that a secret so that the people at work know that I'm concerned about how much I work. . . . So you have to model the balance that you expect others to have in their lives. (Betty)

> The workload - teaching five courses. I honestly don't think that it is a human life [especially in courses where there is a lot of marking versus those that are computer scored.] There have been times when I've thought, "I can't do this work. I'm so tired. I'm going to have to work part-time. I can't keep this up." And I'm up until midnight marking papers and stuff like that. . . . I think there is an acknowledgement that ten [courses] is pretty killing, certainly in [our department]. And so we have release for course coordinators. . . . But it's getting harder, and I don't know. . . I think the institution needs to do a lot of work to recognize or to work out a fairer balance [regarding workload]. (Evelyn)

Unclear communication. In relation to having a sense of control, unclear or no communication was sited as producing stress. The upcoming move of some departments to the new campus has produced some confusion in terms of who is going to move. And for those not going to the new campus, where are they going to be?

> We wouldn't stay here, but they are not quite sure where we would go. And it's very unsettling, and I don't think we deal with ambiguity well, you know. . . . A program that has been here . . . years, and they don't know where we are going?. . . . And then, at the last management forum meeting I was at, [an administrator] thinks we will be at [names a place]. News to me! I despise hearing things like that in public forums. That was news. I never heard that before. (Betty)

> Since the last budget cuts, and since that last crisis, I felt really shocked. . . . We hadn't had the information. . . . So in that sense, I must say I did get a bit cynical about how information flow is handled, particularly in our division. (Evelyn)

Disharmony. Competitiveness and territorialism were seen as stress-producing particularly in this time of economic restraint. This was described in relation to allocation of resources, distribution and duplication of programs and services, as well as behaviour on institution-wide committees.

> But I see a lot of people who honestly only think of themselves and their job which is only natural, very natural. And yet. . . "If you are just going to try and save your neck, you are not going to last long anyways." Anyway, here I've just noticed a little more in terms of

> jealousies among people, competition among programs. It's our strength, and it's our weakness. . . though I see more internecine warfare within this academic institution than I've seen anywhere else. (Amy)

> We are competitive with each other internally much more so than with other institutions in the community. They are running away with the bag while we are fighting with each other. . . . We are not even articulating common goals. . . . [Describes a situation where two divisions are offering the same courses with different names but are competing for the same external funding.] (Betty)

> I'm on committees that I hate. I hate negativism, and I hate nay-sayers, and I have to work with a lot of them. . . and I would have to say that there are two or three individuals. . . who have all been, in my opinion, power-hungry, selfish. . . with a limited vision of what this place is. And they cause me a lot of stress. (Evelyn)

Perceived lack of institutional support. Some participants commented on a perceived lack of institutional support for various programs. Not being valued was associated with a lack of support. The bottom line seemed to be that ongoing, program funding represented institutional support and value within the organization.

> Like I never really felt upset about where the division sat within the college until I saw the college budget. Look at that tiny little bit of money, and they are whining about giving us that much. You know, you really get a sense of where the value is placed. . . . It's fine for the president or vice-president to say, "Yes, the work you do here is so valuable." Well then, give us some money. . . . And I don't think there should be [equal distribution], because the nature of our work is quite different. But I think some base funding would really ease some stress for us and give us a really good launching point. (Betty)

> The negative comes in with, to me, it is the money issue of course. I'd be happy as a clam if someone was paying my salary. And then I would have that pressure off. It's like working as a sales person and having to meet a quota. And who is happier? The sales person comes up to you. You don't need to buy the dress. I'm here to help you. Whether you buy the dress or not is not going to make my job. . . . I don't like the pushing. (Fran)

> I have serious concerns if we don't go [to the new campus]. . . then it will be just one more opportunity for people to say, "You're not as good as the rest of the college." It's a perception in the college, but [for me] it's certainly nothing worth worrying about. (Betty)

Organizational structure and vision. A lack of leadership was perceived by participants to be a source of stress. When discussing management style, Fran said, "Nobody likes the tiered kind of [organizational structure]. . . I don't like this tyrant or this kind of stuff. It just demoralizes people." Leadership was also discussed in the context of having a shared vision.

> You have to have true commitment from the leadership in this organization that there is a commonality, a common view of what health and wellness is. . . . So it's not so much that unit or those resources, but an overall pervasive attitude that there are a number of things that contribute to well-being.

Environmental factors. For the most part, environmental factors have already been addressed under contextual factors affecting health. In relation to work, the ones most emphasized were air quality in terms of unpolluted air and appropriate humidity. Lack of temperature control was also a negative factor for some. George highlighted the fact that his job required a great deal of driving, and this, at times, produced stress physically and emotionally.

> I'm in my vehicle much more than I would like. . . . About two years ago, I didn't know if I'd be able to continue in this job. I was in a lot of discomfort [back trouble]. . . . So I think there are some things that could be negative. I have to eat in restaurants a lot. . . . Some days I just can't face going to a restaurant; I just can't face another meal in a restaurant.

What Could the Organization do to Help Participants To Maintain and Promote Their Health?

At the same time that participants described organizational factors which influenced their health, they implicitly or explicitly suggested ways in which the organization could maintain and promote their health.

Facilitate a Commonly-Shared Vision of Health

Implied was the notion that the institution needs to communicate a common definition of health which incorporates caring and respect for individuals and which is practised at all levels. Without senior management commitment and example, health and wellness policies and programs will be viewed as specious.

> I'm not sure I am coming from the same perspective as those folks on health. Just because your weight is between the lines, and your cardiovascular is OK, and your fat

> measures up, and you can do three sit-ups or something, does that make you healthy? Are you supposed to feel good about that after you have been treated badly? (Betty)

> So I guess unless I really think there is a genuineness on the part of upper management to get interested in the health and well-being of employees, then I think the health and wellness department is lip service. It is something that you could put in your institutional plan and say that you provide it for employees. (Betty)

> I would expect around here that we get it [affirmation] from each other and from supervisors where someone would reaffirm your positive strengths. I don't see very much of that happening in especially upper levels. People look hounded. So I don't think a fitness department or a health and wellness department fits those kind of things. People need to be treated with respect first. (Betty)

> It's almost a corporate culture you have to get around. The day just isn't yours. It's ours too. (Fran)

Balance Work Requirements With Employee Needs

Some discussion centered on management's overall role in monitoring health. Finding a balance between facilitating the employees' to promote their own health on the one hand and meeting organizational needs and requirements on the other hand was viewed as important in a manager. The issue of work overload and workload equity seemed to be the most common examples related to monitoring health. Along with ensuring fair workload, managers could develop mentoring skills to assist colleagues in professional growth.

> You can't do more with less. You can't. You've got to sacrifice something. I don't think this organization is quite there. I can't tell. . . . [Relates one outcome of a workshop in which it was felt that good managers monitor the well-being of their staff.] And I think that is beautiful. So in terms of a workplace, maybe it sounds silly, but you've got to find a balance. You can get people monitoring the well-being of their staff to a very sickening degree. Well, forget it. We are here as professionals. We are here as people who are going to work together. . . . On the other hand, to watch the workload, you know. Reasonable workload. To assist the individual with perhaps very difficult problem areas within the overall organization. . . . So workload, some mentoring. (Amy)

> You know, to me, health and wellness in the institution is a frill as long as people are expected to work 80-hour weeks. You know, you are sending people two different messages. If you are overloading and overworking employees and then saying, but we are providing health and wellness, I think you don't know what health and wellness is about. And actually, in providing the health and wellness [department], they have just increased the workload and drained the resources of the institution which concerns me. (Betty)

Clarify the Philosophy and Role of the Health and Wellness Department

Comments varied widely on the role of the Health and Wellness Department. For some, the department was not viewed in a positive light. There appeared to be difficulties with philosophy, approach, personalities, and use of community resources producing duplication of effort. Expectations that this department operate cost-recovery programs was also a concern. For others, the department was a positive agent that, with appropriate support and policies, could empower employees to promote and maintain their health.

> They could get rid of that Health and Wellness Department. (Chuckle) I find it condescending and patronizing. Don't send me muffin recipes, please! . . . They brought them [fitness assessment people] to [name of a building] and I went and was duly assessed. And the manner that they treated people in, I thought was really abysmal. And they lacked manners. It wasn't good. (Betty)
>
> Well, first of all, I don't want them [health and wellness people] to be in a position where they have power over my health and wellness. I'm not interested in anybody taking ownership for that except for me and maybe my co-workers if we work on it communally. Like I would much rather if we thought we had a problem, then solve it. And I think we would feel better about it than having someone come in and tell us we have a problem, and then provide the solution for us. . . . We are pretty capable of managing things ourselves. We were having health-related topics at lunch hours long before they came along. (Betty)
>
> I'm not interested in reinventing community resources either. [We have resources] very close to here with all of those accoutrements available. So why duplicate it here just to say that it is our own people. You know, I think we should try to dovetail in with what other organizations are doing more than to have individual services available to staff. . . . And partly, that has to do with the style of the people that they have hired. (Betty)
>
> First of all I wonder why health and wellness is offering courses or these little workshops or whatever. [Other departments have] also got some stuff running on external contract on wellness. I really worry about that. (Betty)
>
> You understand that health and wellness is a whole lot to do with physical fitness. . . . [However, you don't want] people to think that is all it is. [If there is an] assumption

> that it is primarily physical fitness and working out and eating well, that becomes a lot of negative things for a lot of people. They would sooner see all the mental health stuff and employee assistance programs. That is really what health and wellness is to me. (Doug)

> So it is an evolution kind of thing. But I don't think we are still there yet where it should be in terms of senior administration support for what it really should be in terms of allowing people time to do or help them out in these activities. They just think that we have got to have one of these [health and wellness departments]. [The message is] Now go out and get some money for us. Cover your costs and make money. . . . Instead of saying this is important and give people flexible time to do things. You've got to help people. But that mind set is not there yet. (Doug)

Provide Programs Identified by Employees

A recurrent concern throughout the interviews was peoples' ability to cope with stress. Providing programs to proactively address mental/emotional health seemed important to participants as this would show institutional acceptance of the validity of emotional problems.

> Well, I told [some people] in my department [about marital problems]. But what can they do? Of course I told them it wasn't as bad as it really was. . . . But actually, it is not approved of. It's not a thing you do talk about. . . . You know, it is sort of a taboo subject. You are supposed to keep that quiet. (Carol)

> We still don't have an employee assistance program. And what's more important? You know, if you've got a problem with substance abuse, a muffin recipe won't help. Or even a fitness assessment or a chat with that bunch. We really need a more proactive stance in dealing with some of the problems that people have. I mean, the high stress that people have. Some of the people need counselling. (Betty)

Doug also made mention of an employee assistance program when he stressed the importance of emotional health. "They [employees] would sooner see all the mental health stuff and employee assistance programs."

Educational activities were discussed by one participant who referred to the recent shift in staff development activities to incorporate a personal growth and development approach. She perceives an aging employee population who may share similar concerns. Once example she had for education was about menopause.

> It's like I found going through menopause, you don't talk about that even with other women in our age group anyways. . . . It was not talked about. It is getting better now though. (Carol)

> The greying of the faculty! When you figure the big sixties explosion of people, we are all getting towards retirement. . . . They should be having things [staff development activities] like that. (Carol)

Develop Policies Supporting Wellness

Some participants identified areas for policy development that could show institutional support of employees' efforts to maintain and promote their health. Flexibility in scheduling was seen as a way to promote health by allowing people choices of working hours so they can balance work and personal demands. As well, it was felt that some staff do not have the same opportunity for participating in their desired health-promoting activities because of more rigid job schedules.

> I'm really hoping permanent part-time will come in because that is something I'm sort of thinking, or job-sharing maybe not half-time but maybe a 0.8 or 0.7 or something like that. (Evelyn)

> The second thing would be a little more flex. I'm speaking for other people now because I have a lot of flex in my time because I have to come in on different nights or weekends. . . . They (other staff) can only go from twelve to one. And I think that the employers who really believe in health and wellness - so I think it is recognizing that if everybody could list what their stress reliever is, if your stress reliever is going for a walk or reading a book, then the employer has to be sensitive to that. . . and give you time because you really need to sit and talk to somebody and get it out that way. So I think the environment can be healthier by really promoting individuals, what makes them feel good. And give them time to do it. Not everyone can do it between twelve and one o'clock. . . . And I don't think the system will be abused. I think it would actually benefit some. There are people with a lot of sick days. They are having sick days because they are unhealthy and things are building up with them. And it's just a vicious circle. Give them more opportunity at work to get healthy. . . . Finding an employer that understands. (Fran)

As economic factors were identified in promoting and maintaining wellness, some participants were concerned about positions within the institution that are not supported with ongoing funding. This was viewed as a lack of value and support for the position and a possible source of stress for the individual holding the position.

> The negative comes in with, to me, it is the money issue of course. I'd be happy as a clam if someone was paying my salary. And then I would have that pressure off. . . . I can't see that [financial recognition] happening. Certainly, if someone wanted to change it around tomorrow, I think it would be by making it a full-time paid position. (Fran)

> I think some base funding would really ease some stress for us and give us a really good launching point. . . . I came to the job knowing full well that I was highly accountable for what I did. . . . So, while I think it might be better for the Division, it maybe wouldn't be better for me personally. (Betty)

SUMMARY

In Chapter Three, the study findings were presented. Participants were described in a general fashion, and topics were identified from the transcripts. The research questions provided the framework for discussion of the study topics.

The first question related to the participants' definition of health. In broad terms, their concept of health encompassed the notion of well-being addressing physical, mental, and spiritual components.

The second research question provided a framework in which contextual factors affecting health were described. Social, work-related, economic, political, and environmental determinants were depicted in participant's words.

The third research question asked participants to report activities which helped them to achieve or maintain health. The following broad categories were presented by participants: exercise, diet, rest, hobbies/leisure pursuits, and social support systems.

The fourth research question asked participants to name those organizational factors that either promoted or detracted from the maintenance of their health. Discussions were classified as either positive or negative aspects of work. Positive aspects included having a sense of control, being challenged, experiencing harmony at work, identifying leadership qualities, and feeling empowered. Negative aspects were those perceived to produce stress including work overload, unclear communication, disharmony, lack of institutional support, lack of appropriate organizational structures and vision, as well as environmental factors.

Finally, participants were asked to describe what they thought the organization might do to maintain and promote their health. Facilitating a commonly-shared vision of health, balancing work requirements with employee needs, clarifying the philosophy and role of the Health and Wellness department, providing programs identified by employees, and developing policies supporting wellness were viewed as activities which could be addressed by the institution.

Imbedded in the data were a number of broad, recurrent themes. In Chapter Four, four themes as a basis for consideration in health promotion are described.

Chapter Four

UNDERLYING THEMES

Recurrent notions about the topic of health emerged either directly from the data or indirectly from my journal reflections. These themes seem to provide an overarching conceptual framework from which to view health and health-promoting activities. Predominant themes were well-being as a broad definition of health, the concept of balance being a prime contributor to health, the notion of self-efficacy in determining one's health, and the value of caring as a significant determinant of health. All of these themes seem to be interrelated and interactive in developing health.

Well-being

Health appeared to be a multi-faceted construct for participants, the definition of which was very broad and complex. Health, defined as a sense of well-being, agrees with the eudaemonistic model presented by Smith (1983) and represents an exuberance, a joy for life. Viewed in this sense, health/well-being can exist in the presence of physical ailments such as chronic illness. It negates the belief that health is a far-off goal for which to strive and reinforces the idea that health is a resource for meeting daily joys and sorrows. Viewing health from this standpoint supports a holistic perspective, one in which the sum is greater than the parts and one that incorporates the individual's definition of health. Although participants agreed on many aspects, they also disagreed on details and extent, yet still considered themselves healthy.

In broad terms, they identified components of health in the physical, emotional, and spiritual domains, however individual emphasis differed. The synergistic relationship of these components produced what participants defined as health for them. Descriptors included: feeling good; feeling physically fit; having energy; being enthusiastic; having a sense of freedom; being connected to others, to nature, and to God; laughing; feeling loved; feeling worthwhile; feeling needed; having a purpose; loving others; making a difference; feeling valued and respected; achieving goals; working; thinking; resting; being active; and loving life. Achieving this sense of well-being was accomplished through a variety of activities individually defined as promoting or maintaining health.

Balance

A computer search of the transcripts revealed that the word balance was used 27 times. The idea that balance underpins health was reflected in discussions about work, personal life, family, exercise, diet, rest, hobbies, and so on. Further, an imbalance seemed to be *the* source of stress. Whether that imbalance was in relation to work and personal life; work and leisure; diet, exercise, and rest, the participants expressed a continual striving for a sense of equilibrium and stability. Equilibrium and stability have been referred to in theoretical definitions of health (Pender 1987b). The following excerpts exemplify the search for balance.

> I wanted to have a family life. I don't want my life to be all my work. And I really think we can have it all. I think we can juggle it. There's no one formula though. But I think that you've certainly hit it on the head that it is important for all of us [to balance work and personal life]. If you talk to people who are really unhappy, particularly women, it is because something is out of kilter: either the demands at home are so great, or the demands at work. (Fran)
>
> I think I am basically a happy person and a person who is always balancing work and my private life. (Evelyn)
>
> So one thing to maintain health would probably be to find that balance in life. I like to work. I like projects, and I like what I do. So I could fill 18 hours a day with that, and I would cut out the social side. So, I'm not a balanced person in terms of having the social as well as the work. (Amy)

When participants perceived a state of imbalance, this was equated with stress. Thus coping with stress was a sub-theme of maintaining balance. Most activities described by participants to promote and/or maintain health were also viewed as coping mechanisms for dealing with stress and improving emotional health. This was reinforced by a number of participants who expressed an awareness of a strong mind-body link in that emotional strain often resulted in physical illness.

> As we were talking about the connection between stress and [illness], your mental state has a lot to do with what is going to happen to you physically. I really believe that. If you have any propensity toward any physical problem, stress or worry or feelings that are negative, I think, will bring it out or make it worse. (Amy)
>
> Because I know when I get over-tired and I get over-stressed, whether physically or mentally stressed, I'll get a cold, flu. I know that's how I deal with stress. I'll get a cold or flu. Even if it is three weeks after the fact or whatever. (Carol)
>
> And you know, I think there is clearly a mind-body connection [in relation to health]. . . . I've noticed a pretty strong connection between stress and illness, and sometimes it's almost as if I'm giving myself permission to get sick. (Evelyn)
>
> My physical health is really important. I'm physically active. It's important to me because of my mental health. When I'm really stressed, there is nothing like - I like to run. (Fran)

Most of the participants expressed concerns that they needed more balance in one or another area of their lives. For the majority, it was less work. For some, it was more physical activity. For others, it was more time spent with friends and family. So even those who considered themselves healthy were constantly working at maintaining balance.

There was a feeling from the female participants with children that finding balance was even more complicated with children.

> I don't know about anyone else, but I get home and I'm in the mummy-mode. And my child hasn't seen me all day, and I can't just say, "I think I'll have a long bath now. I think I'll read a book or go for a run." Like I have to do everything between the nine and five because that isn't fair to the family. (Fran)

> I know it is to pull myself out of the things that are calling my attention on my desk and in the kids' lives and take the time for myself. I really find that hard. . . . I guess when you are a working mother too, you know, you do wrestle with guilt. And you know, your work demands a lot of you, and to take that extra hour or hour and one-half, to me I feel is taking it away from the kids and the family. (Evelyn)

> The more I relax about life's events, the more happy things happen it seems. I don't have children though. Did I mention that? See, I think that has lot to do with it. . . . It just seems to me that I have considerably less stress in my life than people who have children. (Betty)

Contextual factors impinging on one's sense of well-being were all viewed as potential sources of stress to a greater or lesser degree. The important point was that whatever was perceived to be a source of stress affected that individual's well-being. This points out the need to listen to people's judgment as to what they consider a stressor. It varies for each person.

Self-Efficacy

Efficacy is defined in Webster's Dictionary as the power to produce effects or intended results. Personal power to control results in one's life seemed to stem from a strong sense of self-worth/self-esteem. From participant's sharing, this was rooted in stable childhoods filled with love, respect, support, and confirmation that they were all right as people. When talking with participants, they exhibited a sense of sureness about their ability to control their lives. Even when they related periods in their lives of great trouble or sadness, they conveyed that they would be able to overcome in time.

For some, high self-esteem and subsequent feelings of control seemed to have been always with them; for others, it has apparently developed as they matured. However, no one conveyed an unsureness of their worth and dignity as human beings. Betty was asked whether she viewed self-esteem as very central to her notion of health. She replied,

> Oh yes. I think that partly that happened in the last couple of years too. I really see that being important because just - I started to spend more time in exercise.

She implied that as her self-esteem grew, her attention to her physical health became more important.

Discussion about people who had not experienced loving, early beginnings pointed out the difficulties of feeling control as adults. Evelyn enhanced my understanding when she described a time of reminiscing with her brother-in-law. She reflected on a picture of herself as a child, and said,

> I was a dumpy kid. I was a chubby, dumpy little kid. When I look at the pictures now, I think "God, only a mother could love her." But she did, you know. And she never, ever led me to believe that I was a chubby, dumpy kid. . . . My God, I was so homely. And yet there never was a sense that you couldn't do what you wanted to do. So that, I think puts a whole new meaning on emotional health. If you don't have it as a child, I don't know that you can [acquire it.]

She told a story of a student who had not experienced such a childhood and reflected on what it must be like in comparison to her own experiences.

> It just seems a hell of a lot harder to - I was talking to a student of mine, and she was actually an incest victim. It had come out because her sons were being abused by a male babysitter. So [with] all of this stuff, she had lost seven years. She said that the hardest thing for her, after all this therapy and everything, was not being able to react instinctively as a parent. She had to invent everything that she did, you know. And she was doing a really remarkable job. I have been so lucky because a lot of what I do as a mother, I do because it just feels good to do them.

Further understanding was provided when Evelyn described differences between her husband and his sister. I questioned why her husband's life was apparently so much more healthy than his sister's. What was different?

> Oh, lots, and lots. She was adopted at an early age. They [the parents] trundled down to [the town] with a layette, and a two-year old walked out. The mother had tried to keep her. It wasn't working out. In two years, this little girl had three women care-givers: her mother, her grandmother, her aunt. And she just rejected her adoptive

> mother. It was awful. . . . So [now], she's a 43 year-old woman who has all sorts of unfinished business in her life. (Evelyn)

> When I look at [his] sister who lives a very marginalized existence, and her health is, she's chronically ill. . . . But no wonder she is always complaining of a cold because she doesn't have a lot of control in her life. (Evelyn)

Caring

Caring as loving or liking was a theme reflected in participants' descriptions of their lives in relation to health. Subsumed in the notion of caring was respect for oneself and others - consideration, courtesy, esteem. Being cared for and caring for others was reiterated in different ways: at home, at work, with family, with friends, with colleagues, as a cultural milieu of the institutional environment.

For Amy, being needed by her family, respecting her boss and co-workers, as well as feeling valued by the organization were threads throughout our conversation.

Betty continually pointed out the need for one to treat others as one would wish to be treated especially in the work setting. Implied was that the basis of collaborative governance was a genuine caring and respect for each other's needs. Without this, empowerment would not emerge.

Carol described caring for her husband, her students, her friends, and her hobby. A past unhappy marriage was the biggest thing about her life that she would change. Having a caring relationship with her present husband seemed a significant factor in her health.

For Doug it was "the love of my wife and children and parents and friends" that promoted his mental health and operationalized support. Feeling that he was making a difference in the lives of his students was important and reflected a caring for their well-being.

For Evelyn, her love of family and friends seemed foremost and a significant contributor to her well-being. She spoke repeatedly about connections with family, friends, nature, and community. She shared an incident that had affected her husband, his colleagues, herself, her children, and their community. A suicide at her husband's place of work had a major impact on many people's lives and tragically exemplified a loveless act.

For Fran, loving her son, her partner, and her job seemed to form a triangular framework for her life. As well, the job she performs at the institution is the embodiment of empowerment, the underlying basis of which is respect for those with whom she works.

George's sharing with me continually returned to the theme of love: love of God, his wife, his children, his grandchild, his grandparents, his roots, nature, his job, his staff, and the students. Although he shared various passages in his life where his focus shifted, he seemed to be at a point where caring about himself and others represented the basis of well-being.

SUMMARY

Data were analyzed and organized into topics under the research questions. Reflections about the topics through analysis and journal entries identified four emerging themes. These themes seemed to form a conceptual framework for viewing the concept of health. Predominant themes were: well-being as a broad definition of health, the notion of balance being a prime contributor to health, the idea of self-efficacy in determining one's health, and the value of caring as a significant determinant of health. These themes were interactive and interrelated in developing health.

A summary of the study and its findings, reflections about the study, as well as implications for health promotion and further research are presented in Chapter Five.

Chapter Five

SUMMARY, REFLECTIONS, AND IMPLICATIONS

This chapter contains a summary of the study, its purpose, design, and findings. Personal reflections on the study process and results are offered in light of the study findings and the literature. Finally, implications of the study for practice and research are described.

SUMMARY

Th following provides a summary of the study, its purpose, design, and findings. The findings are summarized using the research questions as a framework.

Purpose of the Study

The purpose of this study was to discover what the concept of health means to the participants and to determine how an organization can assist its members to develop and maintain their notion of health. The main question asked was: What does it mean to be healthy? Other research questions guided the study development.

Study Design

Because the interpretive paradigm facilitates inquiry into the perceptions and experiences of others, this study used a qualitative approach. Semi-structured interviews were conducted with seven participants from a post-secondary educational institution. Five research questions guided the interview process.

The tape-recorded interviews were transcribed by the researcher to protect anonymity and ensure confidentiality. Transcripts were given to the participants to check for accuracy both of researcher understanding and intent of the participants. Corrections were made as necessary. The data were then analyzed for general topics and recurring themes. To ensure credibility and trustworthiness of the data, member checks, peer debriefing, and triangulation were used.

Study Findings

The research questions formed the framework for presenting the study findings. Data were organized into topics, and four underlying themes were identified. The findings under each research question and summaries of the themes are presented.

How Do Participants Define Health?

Health was defined as a sense of well-being. Components such as physical, mental/emotional, and spiritual health were emphasized by participants to varying degrees. Most agreed that health was more than the mere absence of disease. Health seemed to be a resource for enjoying life, the result of efforts in all domains.

How Do Contextual Factors Affect Their Health?

Social, work-related, economic, political, and environmental factors were all perceived to effect one's sense of well-being. The following briefly describes findings related to each of these contextual factors.

The influence of a stable, loving childhood was seen as essential to developing self-esteem and coping with sources of emotional stress. Family relationships, expectations, and responsibilities were social factors sometimes producing stress. Dealing with blended families, aging parents, children, divorce, abusive relationships, disease, accidents, and death were all described as life situations that have been experienced by participants. For many, these were significant stressors in their lives and contributed heavily to emotional difficulties. Coping with grief and loss seemed to profoundly affect health and well-being. Another topic discussed in varying contexts was the notion of guilt or shame. This underpinned many of participants' efforts to maintain emotional health and originated from feelings of not meeting their own or society's standards.

Work was perceived as a necessary function in developing and maintaining health. It provided a sense of worth, purpose, challenge, as well as the feeling of contributing and making a difference in the lives of others.

Economic factors were discussed by participants in terms of negative effects that might result. Job security was singled out as an important determinant in well-being. Most participants could relate to a previous experience where they had financial worries, and they described the strain that resulted. Some told of friends' or family member's experiences which marginalized them and produced stress in their own as well their family's lives. Personal impact from financial strain was interpreted as a lack of worth, no sense of purpose, and physical illness. Lack of choice based on fewer resources was evident. Mediating factors were described as one's perception of the degree of constraint, having loving relationships for support, and use of stress-reducing strategies such as physical activity and hobbies to counterbalance financial concerns.

Political factors were intertwined with economic factors and perceived to be somewhat outside of participants' control. Some participants expressed a lack of trust in political decision-making, an impression that politicians did not care about "the people at the bottom", the idea that most political decisions are related to the politician's popularity, and a lack of vision and leadership within present political structures. For one participant, Canada was viewed as the best country in the world with few, if any, problems. Some participants felt that they had not been affected by any political decisions, while others described concerns about the existing health care system, its philosophy, allocation of resources, and alternative choices for care. Concerns were expressed about some health care practitioners' competence; however, a shift to a more holistic approach within the medical profession was perceived.

Within the institutional setting, politics was viewed as "back-stabbing and gossip", territorialism, and a lack of vision with unclear goals. Participants expressed more of a sense of control when dealing with institutional politics.

Environmental factors considered significant in affecting health were air quality, particularly smoking contamination; temperature and humidity control; chemical exposures; aesthetic considerations in fostering positive interpersonal relationships; and finally physical security in terms of physical threat.

What Activities Help Participants To Achieve Or Maintain Health?

The many activities described by participants in answer to this research question were undertaken both for personal pleasure and for coping with perceived stressors. Exercise, diet, rest, hobbies/leisure activities, and social support were discussed as ways to promote and maintain health. There was varying emphasis for each participant; some focused more on one or two activities, while others described a broad range of approaches. The message was that people had to choose their preferred method of dealing with stress and consciously arrange ways of balancing their lives.

What Organizational Factors Promote or Detract From the Maintenance of Their Health?

In general participants expressed a great deal of satisfaction with their jobs. Having a sense of control, being challenged, working in a harmonious environment, sharing a common institutional vision, and perceiving competent leadership were all factors identified as contributing to health.

Negative or stress-producing factors were expressed as a lack of the above determinants as well as work overload, unclear communication, a lack of institutional support, environmental factors, and inappropriate management styles.

What Could the Organization do to Help Participants to Maintain and Promote Their Health?

Explicitly or implicity, participants identified approaches that the organization could initiate to promote and maintain health. Five broad strategies were discussed in some detail: facilitate a commonly-shared vision of health, balance work requirements with employee needs, clarify the philosophy and role of the Health and Wellness Department, provide programs identified by employees, and develop policies supporting wellness.

As a result of the data analysis and identification of topic areas within the research questions, four themes emerged which seemed to provide an overarching framework from which to view health and health-promoting activities. Predominant themes were: well-being as a broad definition of health, the concept of balance being a prime contributor to health, the notion of self-efficacy in determining one's health, and the value of caring as a significant determinant of health. These themes were interrelated and interactive in promoting and maintaining health.

REFLECTIONS ON THE STUDY

Reflections on the study are addressed from four perspectives: reflections based on conducting research from the interpretive paradigm, effects of the study on the researcher, personal reflections on the research questions, and reflections related to the literature review.

Conducting Research From the Interpretive Paradigm

The process of conducting research from the interpretive paradigm required time and reflection, active listening skills, an ability to organize a great deal of raw data, and a constant awareness of personal bias.

This last aspect was, by far, the most difficult with which to deal. From the beginning of this process, personal experiences, review of related literature, professional socialization as a nurse, and societal expectations all likely influenced my perception of the problem. To some extent, the framing of the research questions pre-determined the organization of data, the topics for discussion, and the results. I was aware of responding to certain topics initiated by the participants from a personal point of view. Even identifying themes was, to some extent, interpreted from my perspective. However, using active listening skills, bracketing my views (i.e., maintaining a concentrated effort to set aside my opinions), as well as applying trustworthiness checks helped to overcome some of these difficulties.

Effects of the Study on the Researcher

Getting to know the participants was the biggest bonus in conducting this study. Each affected my life in a different but positive way. The broadness of their understanding, their insight into what makes them healthy, and their willingness to share experiences had a great effect on me. Responses were articulate, insightful, and, at times, emotional. By defining what health meant to them, they described who they were as people, their hopes, their joys, their tragedies. I felt a great bond with their humanness, warmth, and caring. As self-selected, healthy people, they were all committed, compassionate individuals who served as role models for me in a particularly unhealthy time of my life.

Although the actual research was not carried out until this year, the search for understanding was a personal journey that began about six years ago. Life experiences, a career oriented to the health and well-being of workers, and personal tragedy provided impetus for me to conduct this research. So, although ostensibly the task was to complete requirements for a Master's degree, the underlying impetus came from my personal need to understand the concept of well-being. That process is ongoing for me and participation in this study provided another source of information and support, another way of reflecting on my personal and professional development.

Personal Reflections on the Research Questions

Journal entries portrayed observations and reactions following each interview. Participants confirmed many of my suppositions, but more directly, shifted the focus of my questions to areas I had not thought of. Specifically, discussions about stable childhood experiences, family love and interaction, and coping with stress placed a far greater emphasis on emotional health than anticipated.

I expected a narrow view of health but found a broad understanding of well-being, deeply rooted in love. Participants told stories of constant struggles to attain and maintain balance which reflected an apparent human condition made easier by relatively stable self-esteem and a reasonable sense of control about life events. Their sense of well-being seemed to be achieved primarily by personal effort. It was not given to them. It was not luck but rather a personal responsibility to do the best with what they have.

At the same time that participants emphasized their personal responsibility for health, I received conflicting messages about effects from contextual influences. Even though participants expressed a sense of control in some of these areas, they also communicated a sense of powerlessness in areas such as the political arena. There seemed to be a reluctance to apportion responsibility for health to outside forces.

When political factors were discussed, I confess surprise at how many did not feel that political decisions impacted on their health to any great degree. Thus the boundaries of their health seemed prescribed mostly by family, friends, loved ones, and work. I often compared their responses with those of other groups of workers with whom I have discussed the topic of health. Participants in this study were all "middle-aged", relatively financially secure, well-educated, and employees of a stable organization. Employees of other work places where I have been involved with health and safety have generally not matched those characteristics. So, I still question how great an impact contextual factors have on well-being in other work settings where employees are younger or older, have less education, less job security, fewer skills.

Although participants expressed a great deal of job satisfaction, work also provided many sources of stress. Again, I heard conflicting messages about work. Participants emphasized the importance of work in their lives, their dedication to their careers, a certainty that they made a difference because of what they did for a job; however, they expressed genuine concern about the effect of work on their health. I felt confused at times. On the one hand, work was very satisfying; on the other hand, they easily identified many difficulties and stressors in the work setting.

The institution's philosophy and policies seemed to have the greatest impact on their perception of a health at work. Most were able to articulate areas in the institution which could be improved. This made me think that the problems might be greater than they either expressed or were aware of.

This study emphasized the importance of work on people's health and well-being no matter what the setting. My past experiences have been in organizations where workers were less educated, had fewer financial resources, and operated in much more hazardous environments.

I can only imagine the magnitude of effects in less progressive organizations. It seems that well-being at work is embedded in a organization's genuine concern about employees' health and well-being. The underlying theme of caring and respect pervaded not only personal relationships but was seen as significant in the work setting. These values seemed to outweigh all other considertions.

Reflections Related to the Literature Review

Reflections about the literature were based on review of definitions of health and contextual factors affecting health. In some cases, participants' views supported what I had read, while in other cases, I found that I did not incorporate a review of particular areas.

Definitions of Health

Both stability and actualization (Pender, 1987b) were inferred in participants' definitions of health. The notion of balance (stability) was reiterated by participants and emerged as a significant theme. Actualization emphasizing the achievement of human potential was particularly stressed in relation to the work setting and was also implied in the participants' desire for life-long learning. The four models of health described by Smith (1983) were addressed in a number of ways, but the dominant theme was health defined as exuberant well-being (the eudaemonistic model). I expected a narrower definition of health, especially more emphasis on the absence of disease (the medical model). Participants' definitions did not preclude being ill and supported the idea that health (well-being) and illness are not part of a continuum, but rather two separate entities. However, the emphasis on contextual factors that may affect health did not seem to be adequately addressed by existing definitions.

Contextual Factors Affecting Health

For the most part, contextual factors affecting health were discussed by participants as a result of the research questions. Descriptions of contextual effects seemed based on personal experiences. I had to restrain myself from interjecting comments about marginalized groups in our society whose health is directly impacted by social, economic, and political determinants. I confess to expecting a more global perspective on the effect of contextual factors such as equity in access to health care, gender issues, educational opportunities, employment policies, healthy public policy, and so on. As employees of a community college, I anticipated remarks about how community colleges have helped to create a middle class through education. I did expect more awareness about the relationship between levels of education and health. Awareness seemed based on personal experience or on interactions with their students.

Gender issues were addressed indirectly in conversations about balancing family and work; threats of physical violence; experiencing abusive relationships. However, there was no direct discussion of well-being and its possible relationship with gender. Again, I was surprised at the lack of discussion is this area especially when the majority of participants were female.

In most cases, health was seen from an individualistic view which seemed more controllable to participants. At the institutional level, there was still some sense of control, but at the more global level, I sensed a feeling of powerlessness. I imagined what an uneducated, unemployed woman with children must feel like in terms of controlling, maintaining, and promoting her own health.

Awareness of a different health-care system based on a primary health care model was not conspicuous. For some participants, a physician-driven system seemed acceptable although there was some discussion of choice in alternative types of care especially for the dying and aging.

Emphasizing individual responsibility for health came through in some of the discussions; however, some participants clearly questioned attaching a morality to health which can result in blaming the victim

(Brown, 1976; Labonte & Penfold, 1982; Epp, 1987, Marantz, 1990). I was very reassured by their insight!

Participants expressed a great deal of job satisfaction and were able to define organizational factors that both improved and detracted from their health. At this level, the provision of healthy policies and participation in developing health-promoting strategies agreed with literature findings (Epp,1986).

I did not include a review of self-efficacy in the first chapter. However, the concept was one with which I was familiar. Self-efficacy is defined as "people's judgements of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986, p.391). A number of studies have related perceived self-efficacy to smoking cessation, weight loss, and exercise (Baer, Holt, and Lichtenstein, 1986; Edell, Edington, Herd, O'Brien & Witkin, 1987; Atkins, Kaplan, Timms, Reinch, & Lofback, 1984). Weitzel (1989) found self-efficacy to be a powerful predictor of general health promotive behaviors in a sample of blue collar workers. Participants articulated a strong sense of self-efficacy, and this emerged as a broad theme in the study. I confess that I did not expect such emphasis in this area and, as a result, I was careful to follow this theme in the interviews.

STUDY IMPLICATIONS

The following are implications identified as a result of the study. Findings have significance for individual health; organizations and health; health promoters; educators; as well as further research.

Individual Health

Health is defined by the individual and may or may not be congruent with theoretical definitions of health. Health is a broad concept equated with a sense of well-being, holistic in nature, and not focused on only one domain (i.e., physical, mental, or spiritual). Individuals are able to explain what health means to them, feel a sense of responsibility toward their own health, express a synergistic relationship among different aspects of health, and place a high value on emotional health. It appears vital to determine what people's definitions of health are for them.

Emotional health stems from stable, loving, childhood experiences which play a significant role in adults having a sense of control over their lives and the ability to change themselves or their environments. Fostering self-efficacy is important.

Participants astutely recognized that contextual factors can affect health; however, this perception was not directly reflected in their definitions of health. Emphasis was on individual responsibility which may be a culturally embedded belief. Existing definitions may not quite explicate the relationship between health and outside influences which may or may not be within the individual's control.

Organizations and Health

Health in an institution is more than the combined total of each individual employee's health. Organizations need to communicate a commonly-shared vision of what health is and explicitly operationalize that vision through policies, practices, and programs which are consistent and congruent. The principles of shared governance in this kind of environment are compatible with well-being.

Well-being is tied to the culture of the organization and supported by senior-management genuineness, caring, and respect. The relationship between administration and employees must be rooted in mutual trust.

Work is central to an individual's well-being and plays a significant role in people having a sense of purpose and worth. Work is a way of people defining themselves, and a way of others defining them. It is critical to remember that the whole person comes to work with all the joys, sorrows, successes, and problems he or she is experiencing. Organizations should not expect employees to try to segment their lives or themselves.

Health Promoters

Health and Wellness departments need to have a clear vision of their role within an organization congruent with an institutional definition of health. It is vital for health promoters to act authentically and with integrity while communicating a commonly-shared vision of well-being within the organization.

Health promoters need to understand individual perceptions of health. Programs should address areas perceived by individuals and groups as relevant to them. Attention to a broad range of health promoting activities is one way to meet a variety of individual needs, however, health-promoting activities are individually determined. Emphasis on programs promoting self-esteem and self-efficacy are crucial in helping others to feel empowered. Emotional health seems to be fundamental to achieving well-being.

Health promoters acting in a facilitator role are more relevant for professional employee populations. Assisting others to operationalize their solutions to perceived problems is one way to promote health and well-being.

Educators

Because students are able to learn more easily when they are healthy, it seems important for educators to be aware of the parameters of health. The notion of balance seems critical for adult students who may add the learner role to an already full life. Many students must maintain the roles of parent, spouse, and worker as they enter the education system. Educators need to recognize the effects of stress when added responsibilities impinge on the student's life. Strategies such as more flexible programming, counselling, and workload consideration could assist in helping students to maintain their health.

As caring and self-efficacy also seem important to health, the educational atmosphere should be based on mutual respect, genuine concern for students, and learning opportunities which help students become more independent and self-directed in their learning.

Further Research

Based on this study, implications for research include the following:

1. This study achieved a beginning understanding of health and what constitutes healthy behaviors. More research needs to be conducted with healthy individuals to fully appreciate the parameters of well-being.
2. There is a strong relationship between work and well-being. Is health defined differently for groups than for individuals? What is the relationship between the organization and individual

health? How does work affect different groups of employees in different settings? How can institutions arrive at a commonly-shared vision of health? What is the relationship between different governance models and health?

3. Contextual factors affect individuals and groups in different ways. More research should be done on the effect of contextual factors to clarify the relationship to health.

4. The relationship between health and self-esteem appears very strong. How can individuals, groups, and organizations promote self esteem? How is self-esteem related to self-efficacy? How can self-efficacy be promoted? How can society assist those individuals who have experienced loveless childhoods to lessen the impact in later years?

This study began by exploring what health meant to the participants and what might be done by organizations to promote and maintain employee health. Participants brought a broad vision of health beyond fitness, nutrition, and exercise to exuberant well-being. A look at work showed a centrality to health with roles for both individuals and organizations in the promotion and maintenance of health.

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APPENDICES

APPENDIX A

February 10, 1992

Dr. -----------
Chairman of the College Research Committee

Dear Dr. -------:

Enclosed is an abstract and approved proposal for my thesis in the Masters of Education Program (Adult and Higher Education) at the University of Alberta. I would like permission to proceed with obtaining volunteers from the faculty and staff of the College (excluding Health Sciences Division faculty and staff) to participate in my study. Your advice in this matter would be very much appreciated.

Please contact me at 462-5641 with further directions on how to proceed.

Sincerely,

Pat Ness
Program Chair

cc. Division Dean

APPENDIX B

TO: ----------

FROM: Pat Ness

RE: Submission to -------------

I would like to submit the attached for the next issue of ---------------.

Please let me know if there is anything else required for this to be printed.

You can call me at 462-5641.

WHAT DOES HEALTH MEAN TO YOU?

Health promotion is a relatively new concept which aims to decrease health care costs by preventing illness in the general population. Most workplace programs are aimed at individual illness prevention activities, the predominant focus of which is lifestyle change. Much of the literature indicates that activities which promote health may differ from those that prevent illness. Perhaps this discrepancy exists because of different understandings of the meaning of health and the behaviors contributing to it. Moreover, the concept of health may have different meanings for the general population than it does for health professionals and theorists. Given the emphasis in our society for maintaining health, the economic pressures on our health care system, and the need for organizations to promote employee health, more research on the topic seems important.

Approval has been granted to ask for volunteers to participate in a study to discover what the concept of health means and to determine how an organization can assist its members to develop and maintain their notion of health. The methodology has been approved by a University of Alberta ethics review committee. At least six volunteers will be selected from the various employee groups (excluding Health Sciences Division) to participate in a series of interviews.

Your participation is requested and will provide significant data for furthering our understanding of health. If you are interested in participating in this study or desire more information, please contact Pat Ness at 462-5641.

APPENDIX C

TO: Distribution List

FROM: Pat Ness, Program Chair
Occupational Health and Gerontological Nursing
Certificate Programs

RE: Participation in Thesis Research

I would appreciate it if you would review and relay the attached information to your staff/membership for their consideration. To complete the requirements for my thesis (with approval of EOC), I need volunteer participants to help me explore people's understanding of the concept of health.

Should you require further information, please don't hesitate to contact me at 462-5641.

APPENDIX D

Interview Schedule

April 20, 1992, 10 a.m: Interview participant #1 at her office.

April 20, 1992, 3 p.m: Interview participant #2 at her office.

May 5, 1992, 10 a.m: Interview participant #3 at my office.

May 5, 1992, 1 p.m: Interview participant #4 at his office.

May 7, 1992, 1 p.m: Interview participant #5 at her office.

May 7, 1992, 3 p.m: Interview participant #6 at her office.

May 8, 1992, 10:30 a.m: Interview participant #7 at his office.

APPENDIX E

Letter to the Participants

The purpose of this study is to discover what the concept of health means to the participants and to determine how an organization can assist its members to develop and maintain their notion of health.

You will be asked to participate in one interview with the researcher. The interviews will be tape-recorded and transcribed by the researcher. Your identity will be disguised to ensure confidentiality and anonymity. A copy of your transcribed interview will be given to you to check for accuracy. Changes will be made accordingly.

You can withdraw from the study at any time. If you choose to proceed, the research results will be made available to you on request. Thank you for your interest in participating in this research.

APPENDIX F

BETTY: So whenever we try an solve the problem, we look at others who have the same situation.

PN: uh, huh.

BETTY: Of course, we intend to be very healthy. (Pause)

PN: Back to what you were saying about your upbringing. Have you always felt the way you do now? Like did you start out with that sense of uh, what am I hearing from you? - sense of control?

BETTY: Uh, huh. Oh from the time we were little children. I'm from a farm. So we had things that we needed to do and things we were responsible for from the time we were little.

PN: Uh, huh.

BETTY: And those things just grew. And when I decided to go to University, my Dad said "Great!" "I guess you'll have to get a job." (Chuckle) So it was always very supportive, but nothing was ever given to us. So you get that feeling that you are responsible for what happens to you. And yet nobody ever stood in my way.

PN: And obviously they supported you.

BETTY: Oh sure, in whatever way they could. But they didn't have the financial support for four kids who wanted to go to university. As it turns out, only two of us did, but we did it ourselves. And I don't think that there's any greater value in education that you buy for yourself than anything else. I don't know very much about how you feel about things that are given to you. I think they can have significant meaning to you. But as far as controlling the pieces of life, yah I've always felt that if it is to be, it's up to me. (Chuckle)

PN: So one of the things for you then when you see yourself as a healthy person...

BETTY: It's my responsibility. Yah.

PN: Your responsibility, your sense of control.

BETTY: Yah, that's right. The variables. So I try and control to some extent the hours that I work, and this winter I've tried quite hard not to take work home. I don't always win on that but I'm balancing more and I talked it over with my boss,and she knows where I'm at on it. I don't aspire to work 80 or 90 hours a week. It's not part of what I'm planning for my life. Unless I suddenly take a turn and decide that gives me intense satisfaction. (Chuckle) Like work does give me satisfaction, but there's also a lot of other pieces to life that need to be addressed. So developing that balance between work and connecting with family, connecting with friends, time for exercise and also just time down, like thinking time.

PN: Uh, huh.

BETTY: And time for the community. Those are kind of my areas. But the work is the biggest part, the biggest chunk. But (pause)

PN: You mentioned that you were...[brought up in a particular religion] as well?

BETTY: Yah, but that's not a significant factor in my life anymore... (Laughter) It takes a long time to get over some of those ideas, and I, in fact, I suggest to you that some of those ideas get in the way of health.

PN: Uh, huh.

BETTY: Because if, in fact, you are so burdened by guilt that you cannot function. Uh, you really have to like yourself to be healthy.

PN: OK yes, I know. That's really an important thing for you to say uh that you have to like yourself.

BETTY: So if you're constantly thinking that you don't measure up or you are not good enough or what are some of the other things I learned...as a child? You know, a...

PN: That you are a sinner, that you are born unclean?

BETTY: Somebody's watching you all the time, judging what you do. You have to confess things that you do, beg for forgiveness. You don't really come out of that with a super positive self-image.

PN: Right! But you obviously have a good self-image, self esteem.

BETTY: Yah. But I wouldn't say that my early religious training contributed to that. (Chuckle). I would say it was in spite of my training I developed it. (Chuckle)

PN: But it sounds as though your family had a part to play in that in terms of your sense of yourself.

APPENDIX G

1. **Definition of health:**

32 - a sense of wellbeing. Sense of freedom of being able to do things. I like to work; I like to play; I like to relax; I like to rest: I like to be active.

782 - biased because of rural roots. We can't remove ourselves from it. We lose something. Natural respect for nature and what we are, and where we're from.

789 - spiritual health, relationship with nature - that is integral. Where one ends and the other...I don't know. holistic thing of... we are a creation; we are an organism of organisms. We are both body and spirit. I think your spirituality deepens as you get older too. I really love life. I appreciate life much more than I did when I was eighteen or twenty.

2. **Activities that promote health:**

36 - physical activity, hobbies, activities that refresh and recreate, regenerate.

40 - musical instrument learning violin.

61 - morning person - listen to energy cycle great in a.m. Slows down from two until five; bounces back in evening after supper.

66 - cat-naps to restore energy level.

67 - prays in a.m. as he is a Christian.

68 - appreciates nature e.g. sunrise

69 - wrote a letter

70 - walks the dog, very beneficial as it requires a committment to a partner. Learned years ago in sports that you are more likely to go regularly if you have a commitment to a partner.

87 - runner. Has competed but does it now for personal joy and personal satisfaction. Physically and mentally, it is rejuvenating for me. Walks home at lunch. Takes a nap after work.

99 - dabbles in painting with water colors.

123 - diet very important. Last number of years diet has definitely shifted. Eats much less, more vegetables, fish, fruit, differnt kinds of breads, cereals.

644 - diet very important.

325 - knows his own body is physical...Need to walk, skate, ski, swim. Gives him a sense of relaxation, sense of well-being, energetic, alert, rests better, sleeps better, enjoys food better. Rejuvenates me.

332 - The more energy you expend, the more you seem to have.